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CITY OF WORCESTER



# ANNUAL REPORT

ON THE

## HEALTH OF THE CITY

FOR THE YEAR

### 1962

BY

G. M. O'DONNELL, B.A., M.B., D.P.H.  
*Medical Officer of Health*





## OUR CHIROPODY CLINIC



“Something will come of this. I hope it mayn’t be human gore.”  
*Simon Tappertit—Barnaby Rudge.*





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# INDEX

	Page
Ambulance Service ... ..	43-45
Ante-Natal Clinics ... ..	22
Assessment of Very Young Children ... ..	30
Child Welfare Clinics ... ..	26-28
Chiropody Service ... ..	51-52
Clean Air Act ... ..	79
Common Lodging Houses ... ..	79
Convalescent Holidays ... ..	48
Coronary Thrombosis ... ..	19
Cremations .. ...	68
Deafness—Prevention of ... ..	45-46
Deaths—General ... ..	19-20
Table of ... ..	17
Drainage and Sewerage ... ..	79
Expectant Mothers—Dental Treatment ... ..	25
Factories Act ... ..	80-81
Fertilisers and Feeding Stuffs ... ..	91
Food Inspection ... ..	89-91
Health Committee ... ..	5
Health Education ... ..	49-50
Health Sub-Committees ... ..	6-7
Health Visiting ... ..	33-37
Home Help Service ... ..	52-53
Home Nursing ... ..	37-38
Housing ... ..	68, 94-97
Ice Cream ... ..	89
Immunisation—Diphtheria ... ..	38-39
Whooping Cough ... ..	41
Infant Deaths ... ..	18-19
Infectious Diseases—General ... ..	63-66
Table of Notifications .. ...	67
Lung Cancer ... ..	20
Meals on Wheels ... ..	51
Medical Examinations of Staff ... ..	69
Meat Inspections ... ..	91
Mental Health Services—Community Care ... ..	54-56
Care of Mentally Subnormal ... ..	56-59
Care of Mentally Ill ... ..	59-62
Midwifery ... ..	31-33
Milk ... ..	87-88
Ministry of Health Circular 2/62—The Ten Year Plan ... ..	70-78

	Page
Mothercraft Classes ... ..	23
National Assistance Act, 1948, and National Assistance (Amendment) Act, 1951 ... ..	69
National Society for the Prevention of Cruelty to Children	28-29
Noise Nuisance ... ..	80
Nurseries and Child Minders Regulation Act, 1948 ...	29-30, 68
Nursing Equipment—Loan of ... ..	48
Nursing Homes ... ..	68
Offensive Trades ... ..	79
Outwork ... ..	82
Pet Animals Act ... ..	69
Phenylketonuria ... ..	30
Plans—Examination of ... ..	68
Prevention of Illness—Care and After-Care ... ..	45-52
Problem Families ... ..	50-51
Public Health Inspectors—Visits and Inspections ... ..	74-77
Relaxation Classes ... ..	22
Rodent Control ... ..	86
Sanitary Circumstances of the Area ... ..	79
Sewerage and Sewage Disposal ... ..	87
Slaughterhouses ... ..	92-93
Staff ... ..	8-12
Statistics—General ... ..	16
Vital ... ..	16
Suicides ... ..	21
Tuberculosis After-Care .. ..	47-48
Tuberculosis—Notifications and Deaths ... ..	46
Unmarried Mothers ... ..	23-25
Vaccination—B.C.G. ... ..	42-43
Poliomyelitis ... ..	41-42
Smallpox ... ..	40
International Certificates of ... ..	69
Water Supply ... ..	98-102
Welfare Foods ... ..	28
Women's Advisory Clinic ... ..	25-26





# HEALTH COMMITTEE

31st December, 1962

HIS WORSHIP THE MAYOR (Councillor Stanley Herbert Marshall)

*Chairman* : ALDERMAN FREDERICK LIONEL SPALDING

*Vice-Chairman* : ALDERMAN MRS. FRANCES ROSA RATCLIFFE.

## ALDERMEN

THOMAS STANLEY BENNETT

WILLIAM JOHN DANIEL

BERTRAM BROTHERTON

HAROLD ERNEST WATTS

## COUNCILLORS

FREDERICK WILLIAM HENRY  
BECK

GEORGE CYRIL KERR

JOHN RAYMOND FREEMAN  
CARTWRIGHT

MRS. HILDA MAY LETTICE

ROBERT TELFER DEDICOTT

BERNARD NEIL

HORACE HENRY EXALL

MAXWELL EDWARD NICHOLLS

REGINALD HARRY GLOVER

LESLIE WYNNE THOMAS

ALBERT JOHN WILKS

## NON-MEMBERS OF THE COUNCIL

*Representing the Medical  
Profession*

DR. D. M. BRIERLEY

DR. P. H. MULHERN

DR. MARGARET NORTON

*Representing the Ophthalmic  
Profession*

MR. H. WALKER

*Representing the Dental  
Profession*

MRS. G. PHILLIPS-  
BROADHURST

## HEALTH SUB-COMMITTEES

### *Accounts*

ALDERMAN MRS. RATCLIFFE  
ALDERMAN SPALDING

ALDERMAN WATTS  
COUNCILLOR WILKS

### *Baths*

ALDERMAN BENNETT  
ALDERMAN BROTHERTON  
ALDERMAN SPALDING  
ALDERMAN WATTS  
COUNCILLOR BECK

COUNCILLOR NEIL  
COUNCILLOR NICHOLLS  
MR. W. G. JONES  
(nominated by Worcester  
Schools Sports Association)

### *Health Centres*

ALDERMAN DANIEL  
ALDERMAN MRS. RATCLIFFE  
ALDERMAN SPALDING  
COUNCILLOR EXALL  
COUNCILLOR THOMAS  
DR. J. M. DUNCAN  
DR. C. T. MILLS  
DR. P. H. MULHERN

MR. W. LUDLAM (nominated  
by the City of Worcester  
Executive Council)  
MR. E. R. HARRIS (nominated  
by the City of Worcester  
Executive Council)  
MRS. G. PHILLIPS-  
BROADHURST

### *Mental Health Services*

ALDERMAN BROTHERTON  
ALDERMAN MRS. RATCLIFFE  
ALDERMAN SPALDING  
COUNCILLOR BECK

COUNCILLOR CARTWRIGHT  
COUNCILLOR KERR  
COUNCILLOR MRS. LETTICE  
DR. D. M. BRIERLEY

*Midwifery Etc.*

ALDERMAN BENNETT

ALDERMAN MRS. RATCLIFFE

ALDERMAN SPALDING

COUNCILLOR MRS. LETTICE

DR. P. H. MULHERN

DR. M. NORTON

*Property Inspection*

ALDERMAN BENNETT

ALDERMAN DANIEL

ALDERMAN MRS. RATCLIFFE

ALDERMAN SPALDING

ALDERMAN WATTS

COUNCILLOR DEDICOTT

COUNCILLOR EXALL

COUNCILLOR GLOVER

COUNCILLOR KERR

COUNCILLOR THOMAS

COUNCILLOR WILKS

*Staffing*

ALDERMAN BENNETT

ALDERMAN DANIEL

ALDERMAN MRS. RATCLIFFE

ALDERMAN SPALDING

ALDERMAN WATTS

COUNCILLOR BECK



## PUBLIC HEALTH DEPARTMENT STAFF, 1962

*Medical Officer and Principal School Medical Officer :*

G. M. O'DONNELL, B.A., M.B., B.Ch., D.P.H.

*Deputy Medical Officer and Deputy Principal School Medical Officer :*

ELIZABETH G. HENDERSON, M.B., B.Ch., B.A.O., D.P.H.

*Assistant Medical Officers of Health :*

MOIRA K. E. ALLINGTON, B.A., M.B., B.Ch., D.C.H.

ROBERT M. LASLETT, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.  
(Resigned 30th June, 1962)

DOUGLAS G. SNELL, M.B., B.S., D.P.H.  
(Commenced 20th August, 1962)

*Chest Physician (part-time) :*

E. N. MOYES, M.R.C.P.  
(Chest Physician, Regional Hospital Board)

*Chief Dental Officer :*

E. R. DOWLAND, L.D.S., R.C.S. (Eng.)

*Dental Surgery Assistant :*

MISS J. CUMBERLIDGE

*Public Analyst :*

M. M. LOVE, F.R.I.C. (County Analyst—Services utilised by arrangements with Worcestershire County Council)

*Chief Public Health Inspector :*

T. W. MARSDEN

*Deputy Chief Public Health Inspector :*

J. H. BENJAMIN

*District Public Health Inspectors :*

J. B. JONES (Resigned 28th February, 1962)

J. MURDOCH

J. HARTLEY

G. D. HALES

T. C. COLEMAN (Commenced 30th July, 1962)

*Rodent Officer :*

P. ROWBERRY

*Disinfector, Van Driver, Etc. :*

C. A. WEBB

*Superintendent Health Visitor/School Nurse :*

MISS A. A. BUTTIMORE

*Health Visitor/School Nurses :*

MISS N. A. HARDIMAN (Resigned 31st May, 1962)

MISS P. O. VILES (Resigned 14th September, 1962)

MISS O. R. JONES (Resigned 18th November, 1962)

MISS B. A. FLINT

MISS P. M. GANT (Resigned 31st December, 1962)

MISS F. M. KENDRICK

MRS. M. E. HOWE (Commenced 20th June, 1962)

MISS E. KREBS (Commenced 1st February, 1962)

MRS. E. SMITH (Commenced 1st October, 1962)

MISS A. DUNLOP (Commenced 10th December, 1962)

*Tuberculosis Visitor :*

MISS E. B. M. HANDS

*Superintendent, Nursing Institute and Non-Medical Supervisor  
of Midwives :*

MISS O. KEYWOOD

*Senior Nurse :*

MISS M. J. CARTWRIGHT

*District Nurses :*

MISS E. M. TEE

MRS. S. WILLIAMS

MR. M. JACOBS

MRS. V. R. DAVIS

MRS. W. A. BLACKBURN (Resigned 3rd September, 1962)

MR. N. BLACKBURN (Resigned 3rd September, 1962)

MISS K. M. KITE

MRS. K. PADDEN

(Commenced 3rd May, 1962) (Resigned 15th December, 1962)

MRS. V. R. GREEN (Commenced 3rd May, 1962)

MRS. E. LOCK (Commenced 3rd May, 1962)

MR. H. BRACKEN (Commenced 3rd May, 1962)

*Midwives, Nursing Institute :*

MISS F. MIDWINTER

MISS K. NEWSTEAD (Resigned 17th June, 1962)

MISS D. J. SALISBURY (Commenced 19th June, 1962)

*District Nurse/Midwife :*

MISS E. M. FOSTER (Resigned 8th April, 1962)



*Clerk, Nursing Institute :*

MRS. M. SHURMER

*Mental Welfare Officers :*

W. H. HORNE

J. A. EVERETT

*Day Nursery Matrons :*

MISS C. J. PAIN (Resigned 31st December, 1962)

MISS M. E. GRIFFIN (Resigned 31st December, 1962)

*Chief Clerk :*

G. C. TRELOAR

*Senior Clerk :*

MISS E. C. GRIFFIN

*Clerical Officers :*

MISS M. M. PARSONS

MISS E. BISHOP

MISS M. F. DUNNE

and 5 full-time clerks

*Superintendent, Residential Hostel, Perryfields :*

MRS. M. BAYLAY

*Assistant Superintendent, Residential Hostel, Perryfields  
(Temporary) :*

H. H. F. TAYLOR

*Supervisor, Adult Training Centre, Perryfields :*

W. T. BAYLAY

*Assistant Supervisor, Adult Training Centre, Perryfields :*

MRS. D. J. HOULSTON (Resigned 16th November, 1962)

*Woodwork Instructor, Adult Training Centre, Perryfields :*

I. J. COOK

*Gardening Instructor, Adult Training Centre, Perryfields :*

J. JONES

ANNUAL REPORT

ON THE

HEALTH OF THE CITY

BY

G. M. O'DONNELL, B.A., M.B., D.P.H.

*To the Right Worshipful the Mayor, Aldermen and Councillors  
of the City of Worcester.*

MR. MAYOR, LADIES AND GENTLEMEN,

In presenting my report upon the health of the City I should first like to thank the Chairman and Members of the Health Committee for the generous help and encouragement that they have given me during the year. That it has been a year of sustained and rational progress is due to the discrimination and interest they have shown in the choice and promotion of their policies.

My colleagues in other departments or organisations have afforded me every courtesy and assistance, and in particular I should like to acknowledge the support and co-operation of those in the medical profession.

Two outstanding events distinguished the year. The first was the bestowing of the Freedom of the City on the Chairman of the Health Committee, Alderman F. L. Spalding, M.D., F.R.C.S.(Ed.), M.R.C.S., L.R.C.P., who thereby joined Sir Winston Churchill and Sir Edward Elgar on this illustrious roll. Alderman Spalding was born in Worcester and has devoted his life to its welfare both as a surgeon and a member of the Council. His love for Worcester is a tangible thing and apart from the many of its citizens he has brought into the world, there is hardly an old person in the City who is not known to him. Needless to say the Health Department was delighted at this signal honour being accorded to one whose kindness and humanity in the care of the sick and aged has for so long held their respect and affection. *Palma non sine pulvere.*



The second noteworthy occurrence was the opening of Perryfields Hostel and Adult Training Centre by the Mayor of Worcester, Councillor J. Weaver. This was not only an occasion of some pride at the introduction of these two new units, but an opportunity to demonstrate the very close and friendly relations that illuminate health and welfare work in this area.

Detailed comment on the various aspects of our work will be found in the body of the report. The expansion of our mental health services has been maintained and work has already started on the Family Rehabilitation Unit at Perryfields. Next year should see the addition of an Advanced Training Unit and Housecraft Unit at the Adult Training Centre, and the opening of the new Warndon Child Welfare Clinic. These are very necessary extensions of existing facilities and evidence of the Health Committee's determination to provide a well balanced and adequately equipped service.

Future development of our local health and welfare services over the coming decade evoked considerable attention as a result of the Minister's request that this be embodied in a ten year plan. The opportunity to gaze with delphic solemnity into coming years proved both a pleasurable and useful exercise stimulated by the knowledge that the Finance Committee were indulging in a similar practice from the other side of the hill. Fortunately the same prophetic vision was vouchsafed to all and the Ten Year Plan finally evolved, if not to the cheers of the populace, at least with the imprimatur of the lawgivers.

The section of this plan relating to health services is included in my report. It is at best a guide to the future, an expression of the Council's intentions if fortune continues to be beneficent and great events do not disturb the fabric of our society. For a ten year period it is only reasonable to plan in terms of strengthening the health service as the advances of civilisation have ostensibly so improved the lot of common man that his greatest insecurity lies in continuing the well-being of mind and body.

However, if I were asked what single measure would do most to contribute to the health of this or any other community I would unhesitatingly plump for adequate housing. Housing is the modern lodestone of health and the worries and unhappiness of a large proportion of our populace spring from a failure to accord it pre-eminence.

Admittedly much is being done both nationally and locally to meet this requirement, but the dolorous litanies of the housing list have hardly diminished. Too much of the national income goes on unessentials and inexplicables. It is a strange irony for the family living in one room or fighting mouth to mouth with in-laws to read of the wonders of the scientific world with its rockets and astronomical predilections. They must surely ask how in an age of such knowledge and technical discernment, a primal need recognised in neolithic times is so often unfulfilled. The beginning of a state is the family, the beginning of a family is the home, and the beginning of the home is the house. It is only when these links are secure that science can turn with a relatively clear conscience to the chimerae of space and the more sinister profundities of automation.

Yours faithfully,

G. M. O'DONNELL,

*Medical Officer of Health.*

## GENERAL STATISTICS

Area (in acres)	...	...	...	...	6,114
Estimated population	...	...	...	...	67,050
Number of inhabited dwellings	...	...	...	...	21,698
Number of persons per dwelling	...	...	...	...	3.09
Rateable value of the borough	...	...	...	...	£1,068,308
Product of a Penny Rate	...	...	...	...	£4,409

## VITAL STATISTICS

## Live Births

Number	...	...	...	...	...	1,178
Rate per 1,000 population	...	...	...	...	...	16.87
Illegitimate Live Births per cent of total live births	...	...	...	...	...	6.37

## Stillbirths

Number	...	...	...	...	...	18
Rate per 1,000 total live and still births	...	...	...	...	...	15.05
Total Live and Still Births	...	...	...	...	...	1,196
Infant Deaths (deaths under 1 year)	...	...	...	...	...	25

## Infant Mortality Rates

Total infant deaths per 1,000 total live births	...	...	...	...	...	21.22
Legitimate infant deaths per 1,000 legitimate live births	...	...	...	...	...	21.76
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	...	...	...	13.3
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	...	...	...	...	...	14.43
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	...	...	...	...	...	12.73
Perinatal Mortality Rate (still births and deaths under 1 week combined per 1,000 total live and still births)	...	...	...	...	...	27.59
Maternal Mortality (including abortion)	...	...	...	...	...	
Number of deaths	...	...	...	...	...	Nil
Rate per 1,000 total live and still births	...	...	...	...	...	Nil

## Deaths

Number	...	...	...	...	...	786
Rate per 1,000 population	...	...	...	...	...	12.07
Number of deaths from tuberculosis (all respiratory)	...	...	...	...	...	7
Tuberculosis death rate per 1,000 population	...	...	...	...	...	.11

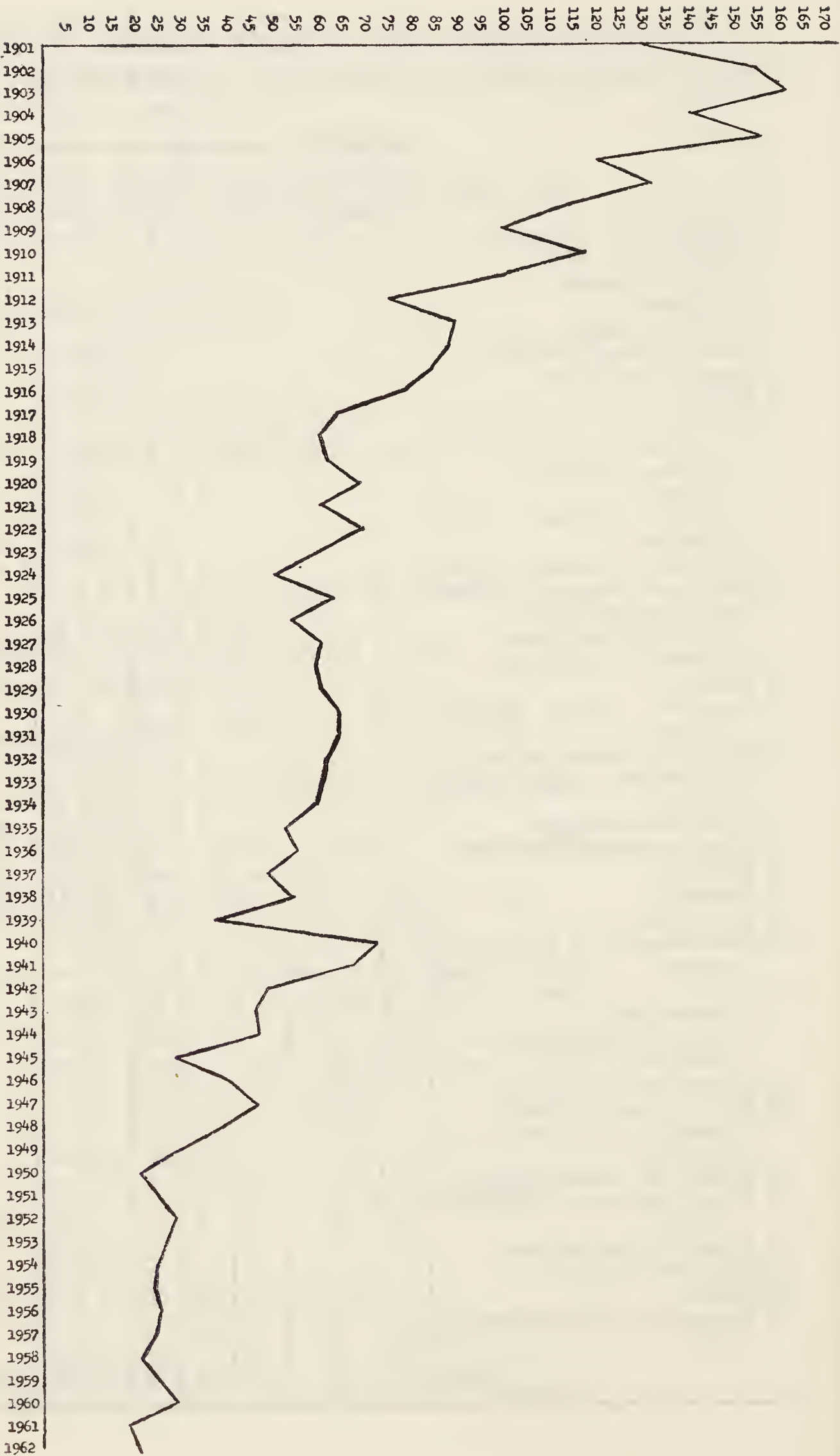


The following abridged table of deaths published by the Registrar General details the deaths under 36 main headings.

Age Groups	0+	1+	5+	15+	25+	45+	65+	75+	Total
1 Tuberculosis, respiratory ..	—	—	—	—	—	4	2	1	7
2 Tuberculosis, other ..	—	—	—	—	—	—	—	—	—
3 Syphilitic disease .. ..	—	—	—	—	—	—	—	—	—
4 Diphtheria .. ..	—	—	—	—	—	—	—	—	—
5 Whooping cough .. ..	—	—	—	—	—	—	—	—	—
6 Meningococcal infections ..	—	—	—	—	—	—	—	—	—
7 Acute poliomyelitis .. ..	—	—	—	—	—	—	—	—	—
8 Measles .. ..	—	—	—	—	—	—	—	—	—
9 Other infective and parasitic diseases .. ..	—	—	—	—	—	1	—	—	1
10 Malignant neoplasm, stomach .. ..	—	—	—	—	1	2	2	3	8
11 Malignant neoplasm, lung, bronchus .. ..	—	—	—	—	—	20	8	8	36
12 Malignant neoplasm, breast ..	—	—	—	—	1	6	2	2	11
13 Malignant neoplasm, uterus ..	—	—	—	—	—	4	—	2	6
14 Other malignant and lymphatic neoplasms ..	—	—	—	2	1	19	13	30	65
15 Leukaemia, aleukaemia ..	—	1	1	—	—	2	—	1	5
16 Diabetes .. ..	—	—	—	—	—	1	1	3	5
17 Vascular lesions nervous system .. ..	—	—	—	—	—	19	25	62	106
18 Coronary disease angina ..	—	—	—	—	2	32	36	57	127
19 Hypertension with heart disease .. ..	—	—	—	—	—	2	8	9	19
20 Other heart diseases ..	—	—	—	—	1	4	15	61	81
21 Other circulatory diseases ..	—	—	—	—	—	3	7	22	32
22 Influenza .. ..	—	—	—	—	—	4	5	6	15
23 Pneumonia .. ..	5	1	—	1	—	3	8	21	39
24 Bronchitis .. ..	1	—	—	—	—	17	20	24	62
25 Other diseases of respiratory system .. ..	—	—	1	—	1	1	3	—	6
26 Ulcer of stomach and duodenum .. ..	—	—	—	—	—	3	1	2	6
27 Gastritis, enteritis and diarrhoea .. ..	1	—	—	—	—	—	1	—	2
28 Nephritis and nephrosis ..	—	—	—	1	—	1	—	2	4
29 Hyperplasia of prostate ..	—	—	—	—	—	—	1	1	2
30 Pregnancy, child-birth abortion .. ..	—	—	—	—	—	—	—	—	—
31 Congenital malformations ..	6	1	1	—	—	1	—	—	9
32 Other defined and ill-defined diseases .. ..	12	2	1	2	5	17	15	35	89
33 Motor vehicle accidents ..	—	—	—	3	—	3	—	1	7
34 All other accidents .. ..	—	1	—	3	2	2	2	15	25
35 Suicide .. ..	—	—	—	1	1	6	1	1	10
36 Homicide and operations of war .. ..	—	—	—	—	—	1	—	—	1
Totals	25	6	4	13	15	178	176	369	786

Infant Deaths per 1000 Live Births

INFANT MORTALITY RATE—CITY OF WORCESTER 1901-1962



## HEALTH STATISTICS

Sure sign of the vigour and enthusiasm of its inhabitants, the City's population increased in 1962 to an estimated 67,050 persons while the birth rate rose from 15.93 to 16.87 per 1,000 population. The illegitimate birth rate, also maintained its steady advance adding 17 to last year's number to reach a total of 75 live and still births. Only one infant death was recorded in this category. Infant mortality rates including the neonatal and perinatal rates showed a modest rise which, as evinced in the following table, appeared of a fortuitous rather than a significant nature.

### CAUSES OF INFANT DEATHS :

			<i>Under 1 week</i>	<i>1 week to 6 months</i>	<i>6-12 months</i>
Prematurity	...	...	5	—	—
Atelectasis	...	...	2	—	—
Other Lung Conditions	...	...	—	1	3
Alimentary	...	...	—	2	1
Congenital Malformations	...	...	5	3	—
Birth Injuries	...	...	3	—	—

### Of the 25 Infant Deaths :

- 11 were premature births of which 2 were twins (not related)
- 5 had respiratory affections (1 of the twins)
- 2 had birth injuries
- 3 had congenital abnormalities (1 of the twins)
- 1 died from prematurity only

The overall death rate was slightly up this year, 12.07 deaths per 1,000 population comparing with 11.82 in the previous year.

### CORONARY THROMBOSIS

Once again coronary disease headed the list of killing diseases, 127 persons receiving its quietus. It is indeed a melancholy fact that not only in Worcester but throughout the country so many people in their forties and fifties, whose abilities and experience entitle them to a middle age of respect and an old age of honour, are brought to sudden death by this condition. It is easy to say that all this is preventable—that too much sedentary work, too much worry, too little



exercise bring their own penalty, but the whole pattern and philosophy of modern life tend to promote coronary failure in these age groups. Abundant leisure and recreational opportunities are rightly available to the young and to those in the lower echelons of employment, but the frequent result of this is that more and more work devolves on the middle aged man in authority. Still sensitive of his own ambition and even more to that of others, proud of his position and convinced of his unique and irreplaceable talents, he recognises and indeed may complain of the implicit danger to his health, while willingly accepting the additional burdens which accelerate his physical decline. Any middle aged man who thinks and worries about his job when at home, who has no recreations, puts on weight, smokes heavily, and uses the car when he could as conveniently walk, should seriously ask himself whether this world is so depressing and uninteresting that he must take imminent leave of it. Dr. Johnson once said that if a man is to be hanged in a fortnight's time it concentrates his mind wonderfully and very often it is only the thought of death which brings life into true perspective.

If therefore life is still pleasant and he doesn't want to stop living on account of the cost, the ageing man must eschew fatalism and make some attempt to stop the machinations of death. He can do this best by attending to his own defences, avoiding obesity and strengthening his body and circulation by sensible and graduated exercise. In all probability the antique habit of walking is the best guard against coronary disease, having the advantage also of being inexpensive, reliable and easily learned.

## CANCER OF THE LUNG

Coincident with the steady rise in cigarette smoking is that in deaths by lung cancer. Last year 29 persons died of this complaint and now there is an increase to 36 deaths, of which 20 occurred in the 45 to 65 age group.

I do not think there is anyone now who remains inwardly unconvinced of the truth that cigarette smoking is the main cause of this disease. The swing to tipped cigarettes in the vain hope that these will prove less dangerous is evidence of the secret concern that now troubles so many smokers and imparts a crematorial nuance to the flavour of the choicest leaf. The plain fact is that the established smoker either does not wish to stop or finds it too difficult to do so, while the young initiate can look with relative indifference at a fate that may lie fifteen or more years ahead. For many years smoking

of all kinds has been praised and encouraged, not only in advertisements, but by all possible means of communication, and now after decades of overt approval the public attitude has to be completely reversed so that smoking, particularly cigarette smoking, becomes socially unacceptable and personally denigrating. Short of draconian measures on a national scale, this can only be achieved by years of propaganda, by the progressive prohibition of smoking in public places, and by preventing the development of the habit amongst adolescents and school children. The great trouble is that everyone can master an addiction except the man who has it, and the propaganda directed by non-smokers may seem patronising and egregious to the smoker. A great deal of research is needed to find out how best to induce the cigarette smoker to abandon or curtail his habit, and it may well be that the most effective ideas on how this can best be achieved will come from smokers themselves.

#### DEATHS FROM VIOLENCE

				1960	1961	1962
Motor Vehicle Accidents	...			10	7	7
Other Accidents	...	...		21	21	25
Suicide	...	...	...	3	4	10
Homicide	...	...	...	—	1	1

#### SUICIDE

One disturbing event which I trust is an adventitious occurrence is the rise in the number of suicides. Ten cases were reported in 1962 and apart from one youth of 17 years, all were middle aged or elderly persons. The manner of *felo de se* was mainly by coal gas poisoning. In most cases there was no clear reason to explain the tragedy, but loneliness and isolation in later life may well be the underlying factor. It has been said that the mass of men lead lives of quiet desperation and where old people are concerned the quiet of an empty house and the desperation of failing strength may prove too great a burden. So much of our own future peace of mind depends on our ensuring the return of the aged to the community. Too often they live a twilight existence whose bleakness makes death a welcome release.



## NATIONAL HEALTH SERVICE ACT, 1946

### SECTION 22—Care of Expectant and Nursing Mothers and Children under School Age.

#### (a) Ante-Natal Clinics.

These are held at The Tything Nursing Institute which has hitherto proved a convenient and central venue. However, the growth in population and more specifically, the continuing transfer from the heart of the City to outlying estates and residential communities, may justify sessions in peripheral areas. It is anticipated that the new welfare centre at Warndon, due for completion in early 1963, will include a weekly ante-natal clinic and this should prove a useful venture in such a compact though relatively isolated area.

During the year 559 mothers of whom 400 were new cases, made a total of 1,752 attendances. Once again this was an increase on last year's work as the figures below demonstrate, and indeed it will be seen that these figures are keeping pace with the expanding population and higher birth rate of the City.

	Mothers attending	New Cases	Attendances
1962	559	400	1,752
1961	542	404	1,578

The examinations were carried out by Tything midwives, a doctor being present at one session each week. Contrary to the practice in many authorities, few blood tests are conducted at our clinics as the general practitioners do most of this work in their surgeries.

#### (b) Relaxation Classes

These classes, three of which are held each week, are conducted by Mrs. Perry-Keen, Physiotherapist to the Worcestershire County Council, to whom I would express my thanks for undertaking this work. They are very well attended, particularly by mothers expecting their first babies,

and the training which the mothers receive does a great deal towards dispelling fear of the unknown and enabling them to enter into their confinements with confidence.

In addition to instruction in the technique of relaxation talks are also given on various aspects of pregnancy and child bearing including demonstrations of the gas and air analgesia machine. During 1962, 244 mothers attended, making in all 1,212 attendances. This was a substantial advance on the previous year's figures.

### (c) Mothercraft Classes

Miss Olive Keywood, Superintendent of the Tything Nursing Institute, has conducted a series of Mothercraft Classes. These have been held each Wednesday evening in the Tything Nursing Institute and continue to be very popular. Approximately 400 attendances were made during 1962, again a material increase on those of the previous year.

The classes are based on four subjects, namely Baby Feeding, Baby Bathing, Layettes, Prams and Maternity Clothes, and Normal Labour. The showing of a series of coloured film strips concerning safety in the home as applied to young children, proved an appreciated addition.

### (d) Care of the Unmarried Mother

During 1962 there was a fall in the number of unmarried mothers whose stay at a mother and baby home was largely paid for by the authority. In 1960 there were 13 such cases, the following year 13 and this year 11. I should like to think that this fall will be maintained and that the Health Committee's consistently generous and sympathetic concern for the unmarried mother will not be further extended. However the overall total of illegitimacy in Worcester has risen again this year and though a larger proportion of mothers were evidently able to make their own arrangements, it seems probable that the demand on our resources will expand in the coming years.

The phenomenon of increasing illegitimacy has evoked considerable comment and research among sociologists and moralists. In past decades low intelligence, poverty and broken homes were held to be the motivating causes of illegitimacy, and while these factors are still of importance today, there are other influences that must now be considered. Early physical maturity is of importance particularly as it is rarely accompanied by a corresponding emotional development, and



too often prejudiced by the indifference or inability of parents to supply adequate sex education. To this must be added the less rigid moral code that has more or less generally been accepted or forced on our society. It is difficult enough for the young to control their impulses at the best of times, but the tendency of older generations to preach morality whilst contributing to or condoning its destruction is rather nauseating. Relatively few people today practice their religion, taking pains to bring up their children in its precepts. And yet the only rational explanation of pre-marital chastity is a religious one, and to insist on sexual abstinence on purely social or material ground is unlikely to have much effect on the sophisticated young people of today. Worcester has the good fortune to be a town of genuine religious observance and strong family ties. Its problems in relation to illegitimacy and sexual morality are comparatively insignificant but whether this situation can be maintained in an era of change and ever growing materialism is an interesting conjecture.

I am indebted to Miss I. C. Balmforth, Organising Secretary of the Worcester Diocesan Association for Moral Welfare Work, for the following report :

“During the year 1962, 97 new cases were referred to the Workers who covered the area, and 39 people who had been looked after in previous years were still being given advice and moral support.

“The new cases came from :

Worcester Deanery	...	...	70 (9 from County area, 61 from City)
Droitwich Deanery	...	...	16
Martley Deanery	...	...	11

“They fall into the following groups :

Maternity Cases	...	...	65
Young Persons in difficulties			1
Matrimonial Problems	...		12
Other Personal Problems	...		19

“Of the 65 Maternity cases, 45 were living in the City area; 37 were unmarried mothers and 8 were married women whose expected child did not belong to her husband.

“Of these 45, 11 were helped with their fees at a Mother and Baby Home by the City Health Department, 2 were helped by the County Health Department; of the remainder 3 paid

their own expenses in a Home, the other 29 had hospital beds, taking the baby home with them or placing the child with a foster-mother.

“Only 1 unmarried mother under 16 years of age at the date of the birth of her child was reported to the Branch.

“The Workers who have covered the Branch area during the year (there have been four) are all indebted to the Health Department of City and County for their helpful co-operation, also to the various Statutory Officials, without whose help it would have been exceedingly difficult to maintain the work.”

#### (e) Dental Care of Expectant Mothers and Young Children

Mr. E. R. Dowland, Principle Dental Officer, reports as follows :

“During 1962, 36 mothers were inspected and 35 were found to be in need of treatment. 32 patients accepted the prescribed treatment and 26 made dentally fit.

“There was a slight decrease in the number of mothers who attended. This is understandable now that mothers can obtain free dentures from any practitioner. This is shown by the comparison of figures with those of the previous year; only 61 permanent teeth extracted against 161, 9 dentures fitted against 32.

“There was an increase in the number of conversations done for mothers.

“58 infants were inspected and of the 56 requiring treatment, 50 were treated and 47 made dentally fit.

“There was an increase in the number of infants treated but this was mainly for the relief of pain and sepsis. There was a decrease in the number of deciduous teeth filled.”

#### (f) Women's Advisory Clinic

Although advice is given on Family Planning where there is need on medical or social grounds the main body of work at this clinic is now devoted to mothers who have problems relating to their health, marriage or family. A welcome opportunity is provided for them to discuss matters in detail free from the feeling that the next patient already stands without the door and that the interview must be compressed



into the minimum of words and time. A few ante-natal cases still attend; these are mainly women who are temporarily resident in Worcester.

			<i>No. of attendances</i>	
			<i>1961</i>	<i>1962</i>
Family Planning	...		165	131
Special	...	...	45	48
Ante-natal	...	...	15	5

#### (g) Child Welfare Clinics

2,222 children made 18,033 attendances during the year, statistics in harmony with the increased birth rate and the continuing popularity of these clinics. The Health Committee is very conscious of their value to the community, not only as a means of promoting the health of young children, but also as a source of information and advice to their mothers. Until a few years ago our child welfare clinics were, with the exception of that held in the Tything centre, almost invariably located in Church Halls which, while imparting a pleasantly austere aura to the proceedings, were seldom of suitable design and convenience for our purpose. More recently the Health Committee decided on a policy of providing suitable and often purpose built premises that could be designed or modified to meet the public need.

The first move in this direction was the opening of Perryfields Clinic at Stanley Road which has proved very successful, particularly amongst the foreign born community in the Wylds Lane area. This was followed by the transfer of the St. John's clinic to the prefabricated single storey building in Powell's Row which had previously served as a day nursery and which by reason of its situation adjoining the main shopping area was particularly accessible to its patrons.

Early next year the new clinic at Warndon should be completed and we all look forward to the day when this, our first purpose built clinic, is open to serve the large Council estate clustered round it. As a further titillation of our hopes and anticipations there is the future prospect of the Brickfields/Tolladine centre on which construction is to start in 1963. This is to be a smaller building than Warndon, but its site has been deliberately chosen so as to cater for the population of Tolladine who have been rather inadequately dealt with in the

past. By placing it on the ridge separating the alto plano of Tolladine from the modest foothills of Brickfields, it should be within easy reach of both communities.

The numbers attending individual clinics are rarely less than 40 and some sessions are consistently in the 60 to 70 range. This has entailed a great deal of concentrated work by the staff who have been very ably and generously supported by voluntary workers. I feel sure the staff would like me to express their thanks to the latter who devote a considerable amount of time to the public weal and whose disinterested kindness is much appreciated by all concerned.

Miss A. A. Buttimore, Superintendent Health Visitor, reports :

“Attendances at the child welfare clinics remained high throughout the year even though the average weekly attendance fell in some areas.

“The severe fogs in November and the frost and snow at the end of the year affected the figures, particularly in Brickfields and Warndon clinics where the premises are so poor. The highest attendance at any one clinic was 76 at St. John's. It would be only right to state, however, that when the attendance at a clinic is very high, less time can be devoted to each attender and often more satisfaction is felt by the staff and the mothers at a clinic that is not so crowded.

“There is little or no virtue in weighing healthy babies weekly, often a loss of 1-2 ozs. signifies nothing but does worry the mothers. Health Visitors are becoming more aware of this fact, and while encouraging the mothers to attend clinics for vaccination, immunisation and advice whenever they need it, the tendency is to discourage them to attend weekly purely for the purpose of weighing the baby. It is a pity that more emphasis has not been put on the virtue of having a healthy, fit, normal-sized baby in the past rather than on the fat, soft, over-weight babies of whom we see so many today. It is hoped that in the new clinic premises the health visitor will have more time, opportunity and space for teaching mothers to recognise when their babies and toddlers are not well, other than by the weekly weighing régime which can so often be misleading.

“The part-time nurses were a great help throughout the year helping at the clinic sessions, thus leaving a health visitor more time to do the more highly skilled work for



which she is trained. It would be a big asset to the health visitors to have more help of this type, or, indeed, of more voluntary help, especially in this part of her duties."

	No. of children	Attendances
1962	2,222	18,033
1961	1,934	19,282
1960	1,633	14,699

#### (h) Supply of Welfare Foods

During 1962 the following quantities of welfare foods were bought by the public :

	1962	1961
National Dried Milk Tins (Full Cream) ...	18,547	22,221
National Dried Milk Tins (Half Cream) ...	159	204
Cod Liver Oil Bottles ... ..	1,089	1,842
Vitamin A and D Packets ... ..	1,517	2,161
Orange Juice Bottles ... ..	10,538	16,717

The decision of the Ministry of Health to increase the price of orange juice in 1961 and also to institute charges for cod liver oil and vitamin tablets has occasioned a large fall in our sales of these commodities. Although a plentiful supply of the requisite vitamins is available in the normal diet, these welfare foods do ensure that a reasonable, cheap and certain method of vitamin intake is obtainable by the general public and it would be a pity if their supply had eventually to be discontinued. Not all mothers are experienced in the dietary field and there are many whose strained financial resources are attracted more to the supply of bulk than ensuring the plenitude of vitamins.

#### (i) National Society for the Prevention of Cruelty to Children

I am indebted to Mr. William Andrews, Inspector of the N.S.P.C.C., for the following report :

"During the year 1962 there were 188 cases dealt with by the Worcester and Mid-Worcestershire Branch of the N.S.P.C.C. involving the welfare of 580 children. 100 cases were dealt with in the City.

“The 188 cases were dealt with as follows :

Warned	...	...	...	...	...	136
Advised	...	...	...	...	...	48
Brought before Juvenile Court	...	...	...	...	...	3
Otherwise dealt with	...	...	...	...	...	1

“Classification of Cases :

Neglect	...	...	...	...	...	125
Assault or ill-treatment	...	...	...	...	...	10
Beyond Control	...	...	...	...	...	3
Moral Danger	...	...	...	...	...	2
Aid Sought	...	...	...	...	...	48

“The cases were reported as follows :

The general public	...	...	...	...	...	87
The police	...	...	...	...	...	21
School officials	...	...	...	...	...	5
Other officials	...	...	...	...	...	34
Discovered by Inspector	...	...	...	...	...	41

“During 1962 and in respect of these cases the Inspector made a total of 1,958 visits.

“The ability of the Inspector to help the children involved in the cases rests almost entirely upon somebody letting him know of them, and I would like to express my gratitude to the Health Department who have done just that, plus a little more.”

#### (j) Daily Minding Service

The closure of the two day nurseries at Powell's Row and Brickfields has to some extent been compensated by the provision of a Daily Minding Service for children under five years of age whose parents' circumstances necessitate this assistance. These children will stay during the day with private individuals whose premises and personal suitability would be approved by Council for the care of children. The Council also agreed that no charge would be made to parents of priority cases, although in certain instances a charge might be made to cover the cost of food or certain articles provided by the minder. Priority would naturally be given to mothers who are alone



without a husband to sustain them, or who are unable to look after their families by reason of illness or confinement. Up to date this service has worked quite well and some 20 children attend private day nurseries at the financial responsibility of the Health Committee.

It would be too much to expect a private day nursery to provide the trained staff or facilities germane to our own lately closed nurseries, but very often they have one amenity much appreciated by the parents. As the private day nurseries are many in number and scattered haphazardly throughout the City, there is nearly always one conveniently near at hand and this convenience is a real boon to the working mother.

#### (k) Assessment of very young children

The Deputy Medical Officer of Health, Dr. E. G. Henderson, who attended the course on the "Mental Development and diagnostic Testing of the Very Young" in 1960, assessed seven children of ages ranging from 6 months to 2 years during the year. One had a general quotient of 93.4, the others being between 29 and 68. The assessment of very young children presents formidable problems and the experience gained at this Course has already proved of considerable value.

#### (l) Phenylketonuria

This very rare disease which might be described as a metabolic disorder, results in very severe and progressive mental subnormality unless prompt diagnosis and treatment are made in the first few months of life. Fortunately a very simple test, to wit the "Phenistix" urine test has been designed to simplify the screening of newly born babies and this can be carried out conveniently and effectively at the age of six weeks.

During 1962, 1,123 babies who survived the neonatal period and whose parents normally reside in the City were tested; all proved negative. Also tested were those who came to live in Worcester after birth. The parents of five babies who were not tested refused to co-operate.



## SECTION 23—Domiciliary Midwifery.

In spite of the national shortage of midwives we have been fortunate in maintaining almost our complete establishment with the exception of one post of teaching midwife. Our only source of recruitment for the past four years has been the Tything Nursing Institute where nurses on completion of their course have taken up employment with us. The value of a Part II Midwifery and District Nurse training school can only be sensibly gauged after consideration in this context.

All midwives receive essential car user allowances, while pupil midwives may draw on a transport pool of one car, two motor scooters and numerous bicycles. For night work in outlying areas of the City the hire of taxis is permitted.

Once again the proportion of home to institutional confinements has remained unaltered and it would seem that this figure of 27% represents a very reasonable compromise between the exigencies and inclinations of the patient and the capacities of the hospital and domiciliary services. Admissions to hospital maternity units are restricted to medical and social cases, but one must accept that some mothers who are delivered at home would prefer to have their babies in hospital. On the other hand there are a number of mothers who have preference for a home delivery for whom medical reasons compel admission to hospital. In all we seem to have reached a state of equilibrium and to those who are disappointed in their place of confinement one can only echo the words of the immortal Pangloss—"All for the best in the best of possible worlds."

Worcester is fortunate in having not only a progressive obstetrical unit at Ronkswood Hospital, but also a general practitioner maternity home in Shrub Hill Hospital which is much in demand. I should like to pay suitable tribute to hospital and practitioner services for the very sincere co-operation both have evinced during the year enabling a seemingly archaic trifold system to work smoothly and effectively.

Weight at birth	PREMATURE LIVE BIRTHS										PREMATURE STILL BIRTHS	
	Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in hospital	Born at home	
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days			
3lb. 4oz. or less ...	9	6	3	—	—	—	1	—	1	4	—	
Over 3lb. 4oz. up to and including 4lb. 6oz. ...	17	1	16	—	—	—	2	—	1	1	—	
Over 4lb. 6oz. up to and including 4lb. 15oz.	15	1	14	1	—	1	2	—	2	1	—	
Over 4lb. 15oz. up to and including 5lb. 8oz. ...	30	—	30	5	—	5	2	—	—	—	1	
Totals ...	71	8	63	6	—	6	7	—	4	6	1	



The table on the opposite page shows the number of premature babies born this year and it will be seen that all those born at home and nursed entirely at home survived, while of the more precarious premature births born at home and transferred to hospital on or before the 28th day, 4 survived of a total of 7.

Miss O. Keywood, Superintendent of the Tything Nursing Institute and Non-Medical Supervisor of Midwives, reports:

“The rising birth rate was reflected in the increased number of confinements attended by the midwives. In 1962, 319 mothers were delivered in their own homes, compared with 301 in 1961 and 269 in 1960. In addition, the midwives attended 213 mothers and their babies who were discharged from hospital within ten days of delivery.

“Twelve pupil midwives, five of whom were seconded from the Queen Elizabeth Hospital, Birmingham, completed their course of training, and were successful in the Part II Examination of the Central Midwives Board.

“The Midwifery Training School was visited by Miss Snelling, Education Officer of the Central Midwives Board, in October.”

#### SECTION 24—Health Visiting.

The establishment of health visitors was increased by the addition of two trainee posts in 1962, and candidates were appointed in March and admitted the following September to the training course organised by the Battersea College of Technology. All going well they should be able to join the staff as fully trained health visitors in August, 1963. As we have had some difficulty in recruiting suitable health visitors the consent of the Health Committee to these new posts does mean that from now onwards we can look forward each year to the recruitment of two newly trained members of staff whom we know to be of the highest calibre. Since a health visitor's work is the easiest form of nursing service to carry out in a mediocre fashion and the hardest to discharge effectively, recruitment of staff must necessarily be on a very selective basis, which very often can only be maintained through the wider scope afforded by trainee appointments.

Our health visitors have worked extremely hard during the year and apart from their routine duties with regard to young children and school nursing, they have become increasingly involved in the care of old people and problem families. Where the latter are concerned each district provides its quota, but



some health visitors necessarily have a far higher proportion than others. Patience and assiduity in dealing with these families and in mobilising help and advice to sustain them in the community, has been of very real value and devoid of the automatism that a more cynical approach might dictate. In many of these families either one or both parents are of sub-normal mentality, and when this is not so the husband is very often of a psychopathic personality with no sense of involvement in the family worries, and with that very patrician attitude to the dignity of human labour which approves it most in others. So apart from their ever-growing interest in mental disorder and their frequent collaboration with mental welfare officers, health visitors can almost be said to specialise in the mental idiosyncracies of these unfortunate families.

To inculcate and develop the various new skills imposed on the health visitor necessitates further training and a certain amount of reorientation. The Health Committee have been most generous in their approach to this problem both in the provision of refresher courses and also in allowing selected health visitors to attend special courses. During 1962 two health visitors and the Superintendent Health Visitor were sent on residential courses and many attended day meetings within the local area.

I should like to thank Dr. J. W. Pickup, County Medical Officer, for his invitation to attend his Department's annual Refresher Course of which many of the health visiting staff were able to avail.

In Ministry of Health Circular 1/63 of the 30th January, 1963, information was requested on arrangements for health visitors

- (a) to work with particular general medical practitioners or groups of practitioners, and
- (b) to follow up patients discharged from hospital.

(a) No arrangements have yet been made for health visitors to work with practitioners. This has been tentively suggested to members of the Local Medical Council but so far no practice has decided that they would like to try out this innovation. Perhaps the main difficulty in Worcester is that practitioners do not draw their patients exclusively from one area, most having central surgeries which make it easy for patients on the periphery of the town to come in by the main bus routes. It is obvious that any health visitor appointed to a practice of this nature would in fact have to visit over the whole confines

of a City bisected by a river across which there is only one bridge. In spite of this I will be very happy to allocate a health visitor to any practice that would like to have assistance of this nature and perhaps the coming year may see a start in this direction.

(b) Arrangements for health visitors to follow up the cases of persons discharged from hospital have been in practice for some time. There is a standard form in which information and recommendations relating to the care of a patient returning from hospital is shared between hospital almoner and the health visitors. This has proved of particular value especially as it includes a direction as to whether or not urgent action is necessitated. Although this form is used for all cases where there is a particular need, it is preceded by a telephone conversation between almoner and Superintendent Health Visitor. The liaison in this field would appear to be close, practical and mutually attracted to the welfare of the patient.

Miss A. A. Buttimore, Superintendent Health Visitor, reports as follows:

“Staff:

“We bade farewell to five members of staff in 1962, either through retirement or because the not so distant fields seemed greener. Miss Hardiman, health visitor, left in May having worked in Worcester for ten years, to specialise in ascertaining and caring for deafness in young children. Miss Viles left in September to continue similar duties, having worked in Worcester for ten years. Miss Jones, left in November, after eight years with this authority to specialise in caring for the aged, while Miss Gant left in December to do tuberculosis visiting among other duties, after nearly three years service.

“We welcomed four new members of staff, Miss Krebs in February, Mrs. Howe in June, Mrs. Smith in October and Miss Dunlop in December.

“Despite the apparent discrepancy in figures on the health visiting side the number of staff at the end of 1962 was the same as at the end of 1961. A vacancy created by retirement on the School Health Service was transferred to the Health Department and became a vacancy for a health visitor/school nurse.

“Two health visitor students were very kindly sponsored by this authority and were sent for a twelve months training course in September. It is hoped that their advent will help somewhat towards relieving the pressure of work.



### “Courses :

“The Superintendent Health Visitor went on an Administration Course and attended the Maternity and Child Welfare Conference at Southport in June. One health visitor went on a course for the ascertaining of deafness in young children and one went on a health visitor’s refresher course.

### “Health Visitors’ Work :

“The duties of the health visitors continued to be wide and varied. Approximately forty student nurses from the Worcester Royal Infirmary each spent a morning with a health visitor on her rounds. It was very gratifying to see a question on the final nursing examination papers regarding health visitors’ work and the functions of the Public Health Department.

“Three lectures on the health visitors’ work were given at the Worcester Royal Infirmary during the year.

“A group of boys from the Worcester Royal Grammar School was examined in Junior First Aid under the Duke of Edinburgh Award Scheme by a health visitor and a lecture was given on Emergency Obstetrics to members of the Women’s Voluntary Service. A lecture was also given on the work of the school nurse/health visitor to students at Henwick Training College.

“The extra visits entailed by research into poliomyelitis and the causes of congenital defects in the newborn were completed this year. The publication of the findings of these surveys are eagerly awaited.

“The proximity of cases of smallpox in a nearby area increased the work of the staff at the beginning of the year with large numbers of smallpox vaccinations.

“The number of hearing tests carried out by the health visitors on very young children this year inevitably increased as the two year old age group were due for testing as well as the younger nine month olds.

“Visits to the aged increased slightly, there being more requests from the hospital almoners and the Good Neighbours, but apart from an initial visit to this section of the community for the purposes of assessment, little could be done in the way of follow-up or routine visiting due to the many other calls on the health visitors’ time.

“Once again there was a slight increase in the number of first visits paid after birth. Overall, however, there was a decrease in the total number of families or households visited by health visitors compared to the previous year.



Somewhat selective visiting, with greater concentration on the less well equipped part of the community, taking up considerably more time per visit, accounts for this. The emphasis is on more care where it is most needed rather than on routine visiting on the whole. Although this is not ideal and some fatalities could possibly have been prevented, it is the best use that can be made of the limited time available to the health visitors at present for home visiting."

## SECTION 25—Home Nursing.

Once again there has been an increase in the scope of work carried out by the home nurses. Although the number of cases attended by home nurses during the year (865) was some 80 less than the previous year, the number of visits (37,336) increased as did the number of patients who were seen more than 24 times during the year. This of course reflects the increasing number of old people requiring home nursing without demonstrating the extra time that each visit to an old person entails. Our nurses and pupils have carried out this work wonderfully well and have shown real interest and sympathy in the difficulties of old age.

I am grateful to Miss Olive Keywood, their Superintendent, for the very able and devoted manner with which she has done so much to maintain and stimulate this service.

The Marie Curie Memorial Foundation Day and Night Nursing Service has proved a very worth while aid to our district nurses in their care of cancer patients. Nurses and those with some nursing experience are recruited locally by the Foundation and can thereafter be used in appropriate cases designated by the Medical Officer of Health or District Nursing Superintendent. Furthermore we have been able to distribute help in kind to cancer patients through the funds of this Foundation.

Miss O. Keywood, Superintendent of the Tything Nursing Institute, reports :

### "Home Nursing :

"During 1962, the district nurses paid a total of 37,336 visits to 865 patients. 568 of these patients were over the age of 65 years. The work included dressing of wounds, and injections in addition to general nursing care.

"The Nursing Institute, which is a training centre for District Nursing, was visited in the autumn by the Education Officer of the Queen's Institute of District Nursing.

“Eight state registered nurses completed the course of training for district nurse. Six passed the examination and qualified for the Certificate of the Queen’s Institute of District Nursing and the National Certificate in District Nursing.

“103 student nurses from the Worcester Royal Infirmary spent a morning with a district nurse, observing the type of work undertaken. This experience serves a three-fold purpose. The hospital nurse gains an insight into the different types of homes from which her patients are drawn, and is, as a consequence, better able to understand the problems involved. Better co-operation between hospital and district nursing is fostered. The student nurse who is considering district nursing as a career gains first-hand information concerning this branch of nursing.

“Marie Curie Memorial Foundation :

“The Nursing Institute has continued to run the Day and Night Nursing Service and through this scheme additional nursing has been given to seven patients suffering from cancer. Help in kind has also been given to nine cancer patients through the funds of the Marie Curie Memorial Foundation.”

## SECTION 26—Vaccination and Immunisation.

Vaccination and Immunisation are offered against smallpox, poliomyelitis, diphtheria, whooping cough and tetanus. Where the last three diseases are concerned triple antigen giving protection against all three in each single injection, is used. B.C.G. vaccination of school leavers under Section 28 of the National Health Service Act is also carried out and it is perhaps more appropriate to record the results of this along with the other forms of immunisation.

### *Diphtheria Immunisation.*

There was a fall in the number of primary immunisations in 1962 which was due to the interruption of our routine immunisation programme resulting from the smallpox outbreak in adjoining areas. As we had to undertake a large amount of smallpox vaccination our diphtheria immunisations were temporarily deferred, vaccination taking precedence. However, it is very probable that the majority of these children will soon be picked up. Similarly by the end of 1962 we had immunised against diphtheria 817 children born in 1961 out of a total of 1,104 babies born in that year.

The dramatic increase in booster doses is of course occasioned by the introduction of the booster dose at 18 months.



*Diphtheria :*

*Return for the year ended 31st December, 1962.*

	Children born in years :						
	1962	1961	1960	1959	1958	1953-1957	1948-1952
A. Number of children who completed a full course of Primary Immunisation in the Authority's area (including temporary residents)	349	473	50	14	14	111	15
B. Number of children who received a secondary (reinforcing) injection (i.e. subsequently to primary immunisation at an earlier age)	—	339	367	27	23	360	14
							1,026
							1,130



*Smallpox Vaccination :*

Age at date of vaccination	Number of persons vaccinated (or re-vaccinated) during the year ended 31st December, 1962	
	Number vaccinated	Number revaccinated
Under 1	879	—
1	129	—
2 to 4	451	145
5 to 14	3,165	4,362
15 or over	2,824	8,759
Total	7,448	13,266

The tremendous increase in smallpox vaccination is of course related to the outbreak of this disease which occurred at the beginning of the year. Although there were no cases in Worcester the occurrence of cases in other Midland towns and in Wales stimulated an almost overwhelming popular demand for vaccination which is discussed in greater detail in the section devoted to Infectious Diseases.

*Whooping Cough Immunisation :*

Number of children who have completed a primary course (normally 3 injections) of pertussis vaccine (singly or in combination) in the Authority's area during the year ended 31st December, 1962.

Year of birth	Number of children
1962	343
1961	429
1960	44
1959	14
1958	13
1953-1957	13
1948-1952	7
Total	863

*Poliomyelitis Vaccination :*

Oral vaccine has naturally proved a very popular introduction being both effective and easy to take. Indeed there is something almost unreal in the concept that a few drops in the lump of sugar is a means of immunity against one of the most dreaded of our indigenous diseases, and I think there are some patients who miss the psychological impact of injections on the principle that the more a thing hurts the more it does you good. However, oral vaccine not only confers very potent protection with the very minimum of complications but also has the extremely valuable effect of blocking the entry of the disease virus into the bowel. There is no doubt whatsoever but that it is one of the great public health advances of our time, and it would not be unreasonable to predict that with public co-operation this disease could become as remote as diphtheria.

*Return for the year ended 31st December, 1962*

<i>Class</i>	<i>Number vaccinated with two injections</i>	<i>Number who received three doses of oral vaccine</i>
Children born in 1962	23	70
Children born in 1961	252	302
Children and young persons born in the years 1943 to 1960 ...	172	169
Persons born in the years 1933 to 1942 ...	100	129
All others ... ..	153	178
Total ...	700	848
Number of persons who received third injections	...	2,556
Number of persons who received fourth injections	...	525
Number of persons who received a third dose of oral vaccine ... ..	...	1,319
Number of persons who received a fourth dose of oral vaccine ... ..	...	522

*B.C.G. Vaccination :**Return for the year ended 31st December, 1962*

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the N.H.S. Act.

**A. CONTACT SCHEME (Circular 72/49)**

(i) No. skin tested	...	...	...	178
(ii) No. found positive	...	...	...	22
(iii) No. found negative	...	...	...	156
(iv) No. vaccinated	...	...	...	168

(Children under three  
months of age were  
not skin tested)



## B. SCHOOL CHILDREN SCHEME (Circulars 22/53, 7/59 and 6/61)

(i) No. skin tested	...	...	...	728
(ii) No. found positive	...	...	...	105
(iii) No. found negative	...	...	...	606
(iv) No. vaccinated	...	...	...	587

## C. STUDENTS ATTENDING FURTHER EDUCATION ESTABLISHMENTS (Circular 7/59)

(i) No. skin tested	...	...	...	Nil
(ii) No. found positive	...	...	...	Nil
(iii) No. found negative	...	...	...	Nil
(iv) No. vaccinated	...	...	...	Nil

## SECTION 27—Ambulance Service

The Worcester City and District Voluntary Ambulance Service is responsible for this work under an agency agreement with the City Council. Based on the new ambulance station built in 1958 as a joint undertaking of City and County, the service covers the southern part of the County as well as the entire City area. Its ability to function efficiently at a very economic level is due to generous support by volunteer members of the St. John Ambulance Brigade and the British Red Cross Society who give valuable and effective help mainly in the evenings and weekend periods.

Mr. G. C. Hutchison, Ambulance Officer, reports :

“The Council continues to discharge its Ambulance Service responsibilities through the agency of the Worcester City and District Voluntary Ambulance Committee, which also fills a similar function in respect of portions of the County of Worcestershire.

“While the City and County share the cost of the service on a user basis, the voluntary nature of the agency furnishes a rallying point for the public service activities of the St. John Ambulance Brigade and the British Red Cross Society, whose volunteers take on their shoulders a large share of the ambulance work during the evenings and at weekends.

“Vehicles :

6 Stretcher Ambulances.

2 Sitting Case Ambulances.

“October, 1962, saw radio communications installed in the ambulances, but at the time of this report it is too early to assess the full advantages although it has already shown many; in particular when dealing with Emergency calls during the ‘normal’ working hours. That is to say, that it has been possible to divert ambulances engaged on general cases in the vicinity of the emergency instead of having to send an ambulance from the Station. In addition to this it has been possible to contact ambulances already engaged on picking up treatment cases and issue further instructions for late bookings. The four-berth ambulance, based on the Austin F.G. Ambulance chassis is nearing completion and delivery is expected early in 1963. It will be a replacement for one of the older ambulances.

“Staff :

“During the year it was agreed that due to pressure of work and to strengthen the manning of ambulances, the full-time staff should be increased by three men. It was also agreed that it would be more economic to employ an additional ambulance driver/attendant rather than a radio/telephonist as there was little difference in the salaries, and it had the advantage of training all ambulance personnel in radio control work, thus also avoiding the necessity of having to find a replacement for the radio/telephonist in the event of illness or holidays.

“Cases undertaken during the year

Accident or Emergency	...	...	...	1,125
Others	...	...	...	16,591
				<hr/> 17,716 <hr/>
Sitting Cases	...	...	...	13,188
Stretcher Cases	...	...	...	4,528
Journeys	...	...	...	6,817
Total Mileage	...	...	...	57,435
Total Mileage (including residue)	...	...	...	57,698

“Lower Wick Training Centre :

January to July only, thence by hired transport.

Number of children carried	...	...	...	424
Total mileage	...	...	...	462”



(a) *Infectious Patients*

During the year 1962, 1,278 patients were carried in 492 journeys over a distance of 9,096 miles. Of this mileage 1,054 miles related to County patients and 5,905 to work done on behalf of the Hospital Management Committee.

(b) *Car Hire Service*

Total persons carried	..	...	...	159
Journeys	...	...	...	84
Mileage	...	...	...	1,542

(c) *Transport of Chiropody Patients*

Totals persons carried	...	...	...	287
Mileage	...	...	...	1,333

(d) *Hospital Car Service*

This service is operated through the agency of the South Worcestershire Hospital Management Committee from the Worcester Royal Infirmary.

During the year 2,081 patients were carried over a distance of 25,527 miles at a cost of £944.

## SECTION 28—Prevention of Illness, Care and After-Care

(a) *Prevention of Deafness*

We have now maintained an At Risk register for some three years and at present we have some 628 names on it. The hearing of these children is tested at 9 months and again at 2 years. Those who fail the tests are referred to the audiology centre at the School Clinic for re-examination by the School Medical Officer and the Peripatetic Teacher of the Deaf. Finally if a hearing loss is confirmed the last referral is to the Ear, Nose and Throat Clinic at the Worcester Royal Infirmary.

Number of children tested at 9 months	...	...	212
Number of children tested at 2 years	...	...	72
Number of children tested twice at 9 months	...		7
Number of children tested twice at 2 years	...		—

## Appointments not kept:

Did not attend at 9 months	...	...	72
Did not attend at 2 years	...	...	46
Did not attend either at 9 months or 2 years	...		10



### Referrals :

During 1962 there were 3 children found to be unsatisfactory to the 2 year test. One was found to be unsatisfactory at the 9 month test. These children were referred to the Ear, Nose and Throat Clinic.

At the same time a careful watch is kept for the presence of other handicaps, in particular for mental retardation. If the latter is suspected Dr. Henderson applies the Ruth Griffiths' tests which are most useful in establishing the presence of a significant mental subnormality and indeed supply valuable confirmation of the presence of a severe hearing loss.

Eleven children under the age of five years received intensive investigation to determine whether any deafness was present and two of these have been fitted with a hearing aid, one for diagnostic purposes and the other to help what may very well prove to be a temporary deafness. Two children were found to have speech defects and 2 to have a definite mental retardation.

I should like to thank Mr. T. S. Stewart and Mr. I. W. Macgregor, Consultant E.N.T. Surgeons at the Worcester Royal Infirmary, for their co-operation and help in this work.

### (b) Prevention of Tuberculosis

#### Notifications and Deaths :

<i>Year</i>		<i>Respiratory</i>		<i>Non Respiratory</i>	
		<i>Notifications</i>	<i>Deaths</i>	<i>Notifications</i>	<i>Deaths</i>
1953	...	63	12	13	5
1954	...	70	15	2	2
1955	...	64	8	3	2
1956	...	58	6	10	0
1957	...	52	7	4	0
1958	...	29	1	6	2
1959	...	35	5	5	0
1960	...	33	9	1	0
1961	...	22	6	1	1
1962	...	34	7	2	0

After the very low figure of 22 notifications of respiratory tuberculosis in 1961, the lowest ever recorded in the City, 1962 showed a rise to the level of the immediately preceding years. There is nothing to indicate why 1961 should have been so singularly blessed as even our present figure of 34 is quite satisfactory when contrasted with the national average. It must

be remembered as well that Worcester by virtue of its position and the kindly inclinations of its inhabitants is a natural centre for those of vagrant disposition whose mode of life is particularly susceptible to the onslaught of tuberculosis, and who therefore without malice make a disproportionate contribution to the number of notifications.

#### After-Care :

The work of the Local Health Authority is complemented by that of the Worcester Tuberculosis After-Care Committee to whom a grant is made. Mr. G. C. Treloar, Chief Clerk to the Health Department, is secretary of this Committee, and his report for 1962 is as follows :

“In my annual report last year I wrote of the extension of the Committee’s functions to cover patients suffering from other forms of chest diseases and also of the possibility of the name of the Committee changing to conform with these new functions. Whilst the functions have changed the name has not, as it was not possible to secure the agreement of the Chest and Heart Association to any of the several new titles suggested. Nevertheless the work of the Committee continued and much valuable assistance was given to tuberculosis patients. A summary of this assistance follows :

#### “Milk :

“The following table shows the amount of milk supplied to patients during the last three years :

1962/63		1961/62		1960/61	
Pints	Patients	Pints	Patients	Pints	Patients
5,278	31	4,843	24	4,894	23

#### “Clothing, Bedding, etc. :

##### Personal Clothing :

Dresses	...	...	...	...	1
Trousers	...	...	...	...	3 pairs
Shirts	...	...	...	...	2
Pyjamas	...	...	...	...	8 pairs
Cardigans	...	...	...	...	1
Vests	...	...	...	...	4
Suits	...	...	...	...	1
Shoes	...	...	...	...	4 pairs
Slippers	...	...	...	...	4 pairs

##### Bedding :

Nil



### “Aid in the Home :

“The local authority employs a Tuberculosis Visitor, Miss E. B. M. Hands, who regularly reports on patients’ needs with appropriate recommendations. The Chest Physician, the Tuberculosis Visitor and the Almoner are all members of the After-Care Committee.

“One of the two chalets owned by the Local Authority has been issued to a patient during the year under review and is still in use. The other remains in storage at one of the Health Department premises until required.

“The arrangement made with the British Red Cross Society for a free library service has continued throughout the year, though only one patient avails himself of the service regularly.

“The Local Authority Housing Committee continues to give priority to the rehousing of tuberculosis patients when recommended by the Medical Officer of Health, and during 1962/63 two such patients have been rehoused.

### “Occupational Therapy :

“The Committee is still without the services of an occupational therapist.

### “Christmas Seal Sales :

“With the far greater number of appeals to the generosity of the public the profits from the seal sales of the last two or three years show a sad decline. Nevertheless the income, though small, is very much appreciated and does help to augment our funds.

“The following table shows the income derived from this source over the last five years :

1958/59	...	£126	1960/61	...	£63
1959/60	...	£122	1961/62	...	£40
			1962/63	...	£31

### (c) Convalescent holidays

Five adults were sent on convalescent holidays during the year, 3 of whom were mothers accompanied by their children.

### (d) Loan of Nursing Comforts

The issue of medical equipment and comforts has for some time been centralised at the Tything Nursing Institute and is carried out by the Superintendent of District Nurses. However



for many years general practitioners have been accustomed to send patients to voluntary organisations where they have been loaned items from stocks held by them. As the Health Committee were making no ad hoc grants for this purpose it seemed desirable that we should make every effort to provide the equipment for City patients from our own resources. To achieve this an expenditure of over £500 was approved, the major requirement being the provision of 15 invalid chairs. Fortunately the basement of the Tything provides very excellent storage facilities and from the viewpoint of the patient it serves as a very central and convenient place of issue.

Miss O. Keywood, Superintendent of District Nurses, reports :

“All the City’s stock of nursing equipment, ranging from backrests and air-rings to mattresses and wheelchairs, is now sited at the Nursing Institute. Approximately 500 articles were loaned during 1962.

“This service involved considerable clerical work which has been most willingly and efficiently undertaken by Mrs. Shurmer, the clerk at the Nursing Institute. Cleaning and disinfecting the loans on their return to the Nursing Institute is also very time-consuming, and thanks are due to Mr. A. Reid, the handyman at the Institute, for the efficient way in which this work has been undertaken.”

#### (e) Health Education

Despite the rather gloomy ruminations in which I indulged in last year’s report, 1962 proved to be a year of progress in which the scope of health educational work of the Department increased considerably. This was partly due to the availability of extra accommodation, partly due to an increase in staff, and also of increase in interest. A considerable number of lectures were given by the doctors and nurses to public bodies and voluntary organisations including Hospital Associations, Co-operative Institutes, Youth Clubs, professional, social and nursing groups.

Perhaps our major concern during the year was how best with our Lilliputian resources we could undertake the Brobdingnagian task of combating cigarette smoking, and it was decided that the most rewarding effects could be achieved by propaganda amongst school children. The Central Council for Health Education agreed to loan us one of their mobile units in February, 1963, so that a special effort could be made

in secondary schools and amongst the adolescent pupils. Dr. Douglas Snell who has recently joined the staff and was well used to applying health education measures among the recalcitrant communities of East Africa, gallantly volunteered to undertake the routine administration of our anti-smoking campaign and to start immediately with a series of talks amongst the older children at junior schools.

We do not really expect to persuade confirmed smokers to give up this habit, nor do we feel that our efforts will prevent adolescents gleefully following in the path of their elders, but we do hope to impart in every smoker's mind a small canker of suspicion and guilt to fester unsuspected until the day of revelation. Sometime in the future there is bound to come to each individual, or perhaps to the nation as a whole, a pervading and compulsive awareness that cigarettes illuminate the present only to extinguish the future. They will probably then turn to cigars.

Apart from the lectures on mothercraft and parentcraft mentioned in previous sections of this report, a series of lectures on Maternity and Child Welfare were given at the request of the Red Cross at the Worcester Grammar School for Girls and the Alice Ottley School, to girls in their final year. The enthusiasm shown by members of the classes to these lectures was very gratifying and was ample proof that information on this subject is much appreciated by senior girls. At the subsequent examinations there was 100% pass list, some of the candidates getting a special mention by the examiners for their understanding of the subject.

#### (f) Family Care

The care of problem families of various types continues to impose a disproportionate strain on the resources of the staff. The parents are often mentally retarded, occasionally unco-operative and aggressive, and nearly all need constant and unremitting supervision. To help them the services of health visitor, district nurse, mental welfare officer and home help are carefully deployed and liaison is maintained with the Children's Department and the general practitioner who naturally are also concerned in this work.

The difficulties of these families are volcanic in nature, a period of eruption followed by quiescence and then eruption again. Generally the health visitor or welfare officer spots the approaching active phase but occasionally it arrives with



cataclysmic suddenness and everyone involved in the families' welfare has to scurry round in urgent guise.

These families are a national worry, the other end of the scale from the intelligent and well-endowed, but any effort, time or money employed to improve their manner of life is well worth it for the sake of the children alone. To decide whether or when such children would be best off in the care of a local authority is a delicate matter, but personally I believe that there are certain families who never function as such and whose children are never accorded the affection and discipline which is their due. Unless they are removed from parental neglect, their future is one of maladjustment and social intransigence.

#### (g) Meals on Wheels

Meals on Wheels are prepared at Hillborough by the Welfare Department and a charge is made to the Health Committee for each meal provided. Delivery is arranged by the W.V.S. van three times a week. As this service is already largely carried out by the Welfare Department it was decided during the year that it would be a sensible administrative procedure for the Welfare Committee to be wholly responsible for it.

#### (h) Chiropody Service

Our chiropody service caters for the priority classes, to wit, the elderly, physically handicapped and expectant mothers. There is a concurrent scheme for preventive chiropody in school children. Treatment is available at a clinic in the Health Department on an appointment basis and five sessions are held there weekly, patients being referred there by general practitioners or local authority doctors. Transport is provided by the Hospital Car Service when necessary and those who are housebound can have home treatment.

As diabetes is a common condition amongst old people and one particularly liable to affect their feet, the Local Medical Committee has agreed to our conducting routine examinations for this condition on those attending for chiropody. Patients found to have glycosuria are referred to their practitioner for further investigation.

Miss J. E. Price and Mrs. M. R. Gilbert, two fully qualified chiropodists, have continued to serve on a sessional basis. I should like to thank them for the very excellent work which they have done during the year, also Mr. Steffans, Secretary of



the Worcester Royal Infirmary, who administers the Hospital Car Service and who has helped us so much in the transport of the less mobile patient.

	1962
No. of patients ... ..	363
No. of treatments given ... ..	1,478
No. of domiciliary visits ... ..	446

#### SECTION 29—Home Help Service.

This valuable service is organised by the W.V.S. on behalf of the City, a payment towards administrative expenses being made. At present the W.V.S. provide a Home Help Organiser and control the daily work of 43 Home Helps of whom 17 hold full time posts.

However in the light of the increasing number of old people in the City, and in this context it is well to remember that those aged 65 and over have, in ten years, risen in number by nearly 2,000, the Home Help Service has achieved an ever increasing importance and it is obvious that it will have to expand so as to keep pace with demand. The Health Committee debated the future scope of the Home Helps and decided that it would be best for them to become a directly administered service from the 1st April, 1963. This decision, in many ways an inevitable one, was accompanied by a vote of gratitude to the W.V.S. who have for so many years supervised the work of the Home Helps with sympathy and discernment.

The Home Helps are always hardworked, and as the proportion of old persons in the City area rises, the demand for physical aid of this type will become intensified. It has been said that the duty of a Home Help to her charge is that of a good neighbour anxious to help, yet not willing to be imposed on. Certainly the main work undertaken—washing, cleaning, shopping, cooking of meals—could be so described, but many Home Helps become devoted to their patients and often return in their own time to give further comfort and assistance.

Number of cases where domestic help was provided:

					1962	1961	1960
Maternity	...	...	...	...	24	26	36
Tuberculosis	...	...	...	...	5	3	5
Chronic sick (including aged and infirm)					281	323	317
Others	...	...	...	...	58	10	44

### Laundry Service

To maintain old people in the accustomed surroundings of their home is no easy task and when incontinence of urine or faeces supervenes on declining faculties, a great deal of unpleasant and time-consuming work devolves. With the aid of a grant from the City Council the W.V.S. opened a laundry centre in the basement of their Over 60s Club at 3, College Precincts. This centre has been equipped with a boiler, washing machine, hydro-extractor and a laundrette, and the laundering is done by two Home Helps each Monday. This is a great asset as not only are soiled bed clothes and clothing dealt with expeditiously, but our Home Helps are released from a tiring and unpleasant chore and have more time thereby to devote to other aspects of their work.



## MENTAL HEALTH SERVICES

### Community Care Service.

The staff assigned to the care of those predisposed to or suffering from mental disorder and living in the community consists of Mr. W. H. Horne, Senior Mental Welfare Officer, and Mr. J. A. Everett, Mental Welfare Officer.

The complexity of this work and the need to maintain the closest possible liaison with general practitioner, hospital staff and various interested voluntary and statutory concerns imposes a great responsibility on its exponents who must engage many sources of help to the best interest of the patient. In this respect we are particularly fortunate in the good relations which we enjoy with the staff of Powick Hospital, and I am particularly indebted to Dr. A. M. Spencer, the Medical Superintendent, for the way in which he has brought the various officers into the hospital ambience. The Mental Welfare Officers attend appropriate meetings and lectures at Powick and are enabled to visit in the wards cases whom they will later look after when discharged. They are free to seek the advice of the hospital doctors whenever the need arises. The integration of hospital social workers and local authority mental welfare officers is well advanced and reflects a general pattern of widespread and generous co-operation so as to promote this work to its fullest advantage.

Mr. W. H. Horne, Senior Mental Welfare Officer, reports as follows :

#### “Admissions to Hospital

“The number of patients admitted to hospital by the Mental Welfare Officers during 1962 shows quite an alarming increase of 46%. This does not mean that there is a corresponding increase in mental illness, but because of the greatly improved liaison between general practitioners, health visitors, psychiatrists and others working in the field of Social Welfare, cases are referred early. One feels that some of the cases could have been prevented from entering hospital had the necessary resources been available.

“Often aged persons are discharged or declared fit for discharge after a few days of regular meals, comfort and cleanliness. Here again the mental welfare officer is at a loss to know where to find accommodation for them, or if



there is accommodation, how best to try and change the environment so that a recurrence of the trouble may be avoided.

“As the mental welfare officer has now more than ever before to spend much of his time visiting patients after their discharge, he is reluctant to use legislative powers, but must on occasions adopt an attitude reflecting authority which is appropriate to the needs of the patient. This is not only justifiable, but often very comforting and reassuring to him.

### “Discharges

“The most serious need at present which merits concentrated casework is in relation to patients who have left hospital too early after partial recovery following some acute incident. The mental welfare officer carries an unusual mixture of responsibilities and therefore needs the opportunity for regular consultation with the Psychiatrist. Fortunately in the City the progress made towards a comprehensive service allows this to be done.

“Domiciliary visits with the Psychiatrists and selective use of consultation help to clarify the social needs of the patient. This is very necessary in the case of patients who have discharged themselves too early. Some have regrets about doing so, but refuse to return and complete treatment. Often they do quite well by concentrated casework; some of course are returned through the use of legislative powers when diagnosis can assess the seriousness of a schizoid, paranoid or depressive state, and the appropriate treatment given so that he can balance himself to meet the demands of his environment.

“The introduction of tranquilising drugs in 1955 has allowed more and more schizophrenic patients to be discharged into the community. Whether social factors can affect the course of the illness and go some way to prevent re-admission is a complex one.

### “Community Care

“Developments in social psychiatry during the past few years have led to a more ready acceptance of the patient by the community, but because emotional disorders often conflict between dependence and independence which involve tensions between conscience and desire, the community as well as the patient must be protected. Although patients can be restored

to social effectiveness there are others who have to be readmitted after only a very short remission. This of course is very disturbing to the family and creates emotional tension within the group.

*“Cases admitted to Powick Hospital during the year ended 31st December, 1962*

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Informal admissions ...	...	...	...	114	164	278
Detained admissions ...	...	...	...	14	25	39
Total admissions ...	...	...	...	128	189	317
Deaths (all informal admissions) ...				5	22	27

*“Mentally Subnormal*

				<i>Male</i>	<i>Female</i>	<i>Total</i>
In Institutions ...	...	...	...	48	29	77
Under Guardianship ...	...	...	...	1	—	1
Under Supervision ...	...	...	...	53	46	99
Admitted to Institutions ...	...	...	...	2	2	4
Admitted for Temporary Care ...			...	1	4	5
Discharged ...	...	...	...	3	2	5
Mentally subnormal attending Junior Training Centre ...	...	...	...	9	10	19

*“Visits and Interviews*

Visits for all purposes ...	...	...	...	...	1,169
Interviews for all purposes ...	...	...	...	...	612”

Services for the Mentally Subnormal

*Lower Wick Junior Training Centre*

Nineteen subnormal children of school age attend the County's Training Centre at Lower Wick. They are brought there and back by minibus and during the day are happily and usefully occupied in these pleasant and purposeful surroundings. I would like to express my thanks to Dr. J. W. Pickup, County



Medical Officer, and his staff, for his courtesy and help in enabling our children to benefit from this new venture of his Authority's.

### *Perryfields Adult Training Centre*

The Adult Training Centre has functioned very usefully during the year and five of the trainees were placed in open industry. Next year the Committee has agreed to the provision of an Advanced Training Unit where those who on assessment are considered to have a reasonable chance of taking some form of outside employment will receive special tuition. This Unit will not only be an asset from the viewpoint of selective training, but will help to relieve congestion at the Adult Training Centre where there are now 44 trainees on the register. For the female trainees a Housecraft Unit is to be installed in the ground floor of the main building where simple cooking, laundry and related household skills can be taught. Again our ultimate aim is to secure some form of full time or part time employment for those in our charge who have the requisite abilities.

Several of those attending the Training Centre come from the County and our mutual interchange of services in the mental health field is indicative of the very cordial relations which prevail between the two health departments.

I would like to express my thanks to Mrs. Norah Christian who is a one time member of the Health Department, for the devoted work which she and her helpers have done for the subnormal through the St. Helier Youth Club. This Club, which caters mainly for the adolescent subnormal, meets once a week and provides an evening's entertainment to which our charges look forward with evident pleasure. As many young people of normal intelligence attend this Club it gives our trainees an opportunity to acclimatise to the type of life which they will encounter in outside employment and to familiarise themselves with the attitudes of the community.

I should like to thank Mr. W. Baylay, Supervisor of the Adult Training Centre, for the very excellent work he has done during the year, and for the following report:

"At the commencement of the year 25 boys and girls were attending and during the year these were increased to 44 trainees on the register, of whom 4 males and 1 female were placed in full time employment in industry after periods of attending the centre ranging from three months to 15 months.



One male and 1 female left because of home circumstances. Three males and 2 females were unsuitable because of various reasons and were returned to hospital. There were 29 regular attenders throughout the year.

#### “Industrial Contracts.

“Assembly of plastic components and placing hair grips, safety pins, etc. on cards has continued in increasing numbers and additional contracts have been obtained—stamping the names and addresses of Doctors on books of prescriptions and certificates for both the City and County National Health Service. Cleaning cars has increased and by the end of the year several owners were availing themselves of this weekly service. Various kinds of vegetables were grown in the grounds and these were sold to the Hostel at a very competitive price. The ‘Old English Garden’ look has gone from the front and in its stead a lawn has been laid with flower beds in the middle which contained geraniums during the summer which were the envy of the community.

“As the year progressed so did the skill of the trainees and with it their earnings, so much so that their ‘wages’ were from 5/- to 30/- per week.

“The Council have kindly given us contracts for the internal decoration of two flats during the winter months and the preparing and laying of a lawn between the Hostel and the Centre, which we hope to finish early in 1963.

#### “Recreation.

“A day’s outing took place in July and we went to Barry Island in South Wales. The journey took some 4 hours each way giving us 4 hours by the sea which was seen by some of the trainees for the very first time, and it was a joy to see their faces, full of excitement and anticipation of a “paddle” which they had after partaking of a lovely lunch of chicken with all the trimmings, followed by trifle.

“After examining the sea and sand, paddling, etc. a trip round the Fair Ground and shops was taken which gave them a good appetite for the pre-packed tea eaten in the bus. The journey home passed quickly, everyone joining in singing and drinking ‘pop’. At the end of the journey there were many cries of ‘when can we go again’.

“The end of the year came with a Christmas Party with a grand tea supplied by the parents and prepared and served by members of the Friends of Perryfields. The programme consisted of games, film cartoons, conjuring and magic, and a variety show ending with a visit by Father Christmas who distributed presents to all the trainees. Everyone went home looking forward to 1963 and what it would bring.”

### Services for the Mentally Ill.

#### *Community Care.*

This work carried out by the Mental Welfare Officers, has already been described and every effort is made by the local authority to deal sympathetically with mentally ill persons requiring their aid. A great deal of preventive work is undertaken and when possible housing, convalescent holidays and suitable training are provided. Recreational facilities for mentally ill patients in the community are already catered for to a large extent by the social club organised by the staff of Powick Hospital, and no separate undertaking by the local authority is envisaged.

#### *Perryfields Hostel.*

The majority of patients attending Perryfields Hostel come either from Powick Hospital or directly from the community. They have all received some form of mental treatment and are ready to resume normal life but need an intervening period of help and encouragement. Before they come to the Hostel employment is found for them and the rationale of our therapy is to provide a good comfortable home where they can be unobtrusively helped. At the same time since many of the patients have had psychiatric conditions and are still receiving medical treatment we are able to provide a considerable amount of psychiatric care as Dr. J. M. Currie and Dr. E. M. Whitelaw of Powick Hospital attend each Wednesday and Thursday, and are always prepared to visit when one of the residents shows signs of regression.

To those of us who recall the unenviable state of a chronic psychotic some 20 years ago, the emergence from hospital of the chronic schizophrenic to resume a place in normal life is a dramatic advance in medicine and a very real tribute to the skill of their physicians and the efficacy of the drugs which are now being used for this condition.



Up to now we have tried to be fairly selective in our choice of patients in the Hostel as it is most important to ensure that no tensions occur and that an ambience of calm and reassurance is maintained. Sometimes our selection has erred on the generous side and on two occasions patients who were heavy, though intermittent drinkers, were admitted. Perhaps we were too optimistic and previous successes had made us over confident. I am afraid that they proved a most disruptive element being extremely unpredictable in behaviour. When sober, which was most of the time, their conduct was demure and irreproachable, but on Friday evenings they made up for past good behaviour, one by continuous and powerful vomiting and the other by senseless aggression. The following day they would resume their normal selves and mournfully promise never to lapse again, but of course these good intentions lasted only a short while. This Jekyll and Hyde existence did not contribute much to the equanimity of their fellow residents and after repeated warnings they had to be discharged.

These incidents demonstrate how easily the restorative equilibrium of a Hostel can be disturbed by those of anti-social tendencies and the necessity of providing some other form of help for patients whose mode of life is unsuited to this relatively high standard of accommodation. This problem is now being considered by the Health Committee who would like to provide premises more befitting this type of case but still adequately supervised, especially from the viewpoint of psychiatric care.

I would like particularly to stress the latter inasmuch as there is a school of thought which believes that Hostels for the mentally ill should resemble the normal to such an extent that a very minimum of psychiatric advice should be available, and indeed that psychiatrists should only be called in when their help is overtly required. However few patients entering a Hostel are so completely cured that they can be independent to this extent, and one has always to make sure that they are taking their drugs and that pressures are not building up which may not be obvious to the lay eye. In the informal atmosphere of a Hostel the psychiatrists who attend are expected more as friends and advisers than physicians and are not more alien or obtrusive to the patient than the presence of a policeman is to an upright citizen whose car is safely lodged in an approved park.

To some people Hostels like Perryfields may seem a relatively expensive form of treatment. Perryfields could take 18 to 20 patients, but is deliberately restricted to a complement of 12. Mrs. Baylay, the Superintendent, is a trained mental nurse and the proportion of staff is relatively high. Against this, however,



must be contrasted the enormous saving to the community by the return to employment of chronic invalids who have had to be supported for many years. One of our first patients had not worked for 20 years and was considered completely unemployable. Within a period of three months he was working in the grounds of the Hostel and at the end of six months had secured a job which he has now held for over a year.

I should like to thank Mrs. Baylay, Superintendent of the Hostel, for the excellent and kindly work which she has done during the year and for submitting the following report:

“During the year 19 residents were accommodated for rehabilitation; 15 were from Powick Hospital and 4 from the community because of unfavourable home environment.

“After showing marked improvement 7 were discharged, 4 to their respective homes and 3 were found private accommodation. One other resident was discharged into the care of a probation officer, one left the Hostel of his own accord and one was returned to hospital for further treatment.

“The majority of residents still with us would appear to have benefited from the comfort and attention received at the Hostel and several are now fit to be discharged when the difficulty of finding suitable accommodation has been overcome.

“In an effort to get the residents to mix socially, a number of whist drives and similar functions have been held in the Hostel to which many people living locally were invited. These have proved a success, not only have they bolstered the confidence of the residents to some extent, but also given the local people an insight as to the purpose of this Hostel and has resulted in a good relationship being founded between Hostel and local community.

“Experience shows that the two major problems of the staff are firstly breaking down the anti-social tendencies of the withdrawn long-term hospital patient and secondly, finding accommodation where a little sympathy and understanding might prevail and so ensure maintenance of mental recovery.”

### *Family Rehabilitation Unit.*

One of the problems in mental illness is that of the husband or wife who has a mental condition, generally an anxiety state, which is directly related to their living accommodation, or is considerably influenced by it. The commonest example occurs when the family are living with in-laws or sharing accommodation with persons who prove incompatible. This may initiate

a mental breakdown or provoke an exacerbation of an existing condition. The patient receives treatment at a mental hospital and then returns home to the circumstances which are responsible for his deterioration.

To meet this problem the Health Committee decided to convert the top floor of one of the buildings in Perryfields into two flats which will be available to such patients and their families. The conversion was carried out at very reasonable cost by the City Engineer's Department, and the decoration of the flats by the adult trainees. These flats will be put into use next year, and apart from their advantage of providing accommodation of this nature it does mean that we will also be able to concentrate our services to give the maximum amount of help to these patients.

### *Friends of Perryfields*

There is a very real public awareness of the difficulties concerning those afflicted with mental disorder and the importance of reassuring them in the community. This feeling is not confined to organised voluntary bodies or those who have always made mental health their particular concern, but activates many without previous association in social work. Within a short while of the opening of Perryfields a considerable body of voluntary workers now numbering some 50 persons, mobilised by some autogenous process to our aid and have since given very valuable help to the mentally ill, subnormal and severely subnormal patients. Under their Chairman, Councillor A. Phillips-Broadhurst, they have given an almost incredible amount of help, and apart from providing amenities and outings have done a great deal to increase the social life of both residents and trainees. Their existence is both an encouragement and stimulation to the staff and subtly illustrates the virtue of the community caring for its own.



## INFECTIOUS DISEASE

I should like to record my appreciation of the unfailing co-operation given to this Department by Dr. R. J. Henderson, Director of the Worcester Public Health Laboratory, and his staff.

Diphtheria: For the eleventh successive year there has been no case of diphtheria in the City.

Scarlet Fever: A fall in numbers of scarlet fever cases over the past few years is shown in the table below. This continuing dramatic reduction in the number of cases may possibly be due to a declining existence of the disease though probably the reluctance of general practitioners to notify it is a major factor. There is of course a strong school of thought that holds that the present system of notifying infectious diseases needs to be radically altered and that scarlet fever should be one of those discarded.

Year	Number of Cases
1958	140
1959	104
1960	62
1961	26
1962	14

Whooping Cough: Notifications this year fell considerably, only 2 cases were reported and both were in children under two years. Unlike the fall in scarlet fever the reduction in notifications of whooping cough is a genuine one attributable to immunisation against this disease.

Measles: Although 1962 was not a measles year, some 326 cases were reported. In the main this disease is a mild one, but it still may bring various complications in its trail and one looks forward with interest to see how long it will be before the new measles vaccine is approved and made available.



Dysentery: 13 cases were reported, an almost unnaturally small number, particularly when contrasted with 1960's high total of 279. What this figure indicates is that there was comparatively little Sonne dysentery to disturb the equanimity of our citizens and that cases which occurred tended to be confined within the household and in only a few instances were they reported to the general practitioner.

Food Poisoning: There were 12 cases of food poisoning all of which were due to *Salmonella typhimurium* from an unknown source. Two cases were husband and wife, 5 children proved to be symptomless excretors. In the other cases no organism was identifiable.

Poliomyelitis: One case of paralytic poliomyelitis occurred in the City in a child of some  $3\frac{1}{2}$  years. He was admitted to Newtown Hospital and subsequently made a complete recovery. The number of contacts was limited and perhaps the most noteworthy aspect of the situation was that the child had not been vaccinated. The importance of immunisation against poliomyelitis, particularly now that oral vaccine is readily available, cannot be too emphasised by this incident.

Venereal Disease: There were no new cases of Syphilis reported in the City in 1962 and Gonorrhoea remains static at 12 new cases. All in all, as might be expected, one can say that we have an extremely small incidence of venereal disease.

First attendances at the special clinic at the Worcester Royal Infirmary were as follows:

				1962	1961	1960
Syphilis	...	...	...	—	2	4
Gonorrhoea	...	...	...	12	11	12
Other Conditions	...	...	...	67	56	49
Total	...	...	...	79	69	65

Smallpox: The outbreak of smallpox which occurred at the beginning of the year induced a national climate of alarums and excursions whose effects were felt to some extent in Worcester. As the incidence of cases increased and their occurrence in Wales and the Midland towns grew

unpropitiously close, so too did the tempo of public anxiety amount, and indeed for a period of a week our routine duties had almost completely to be discontinued to deal with the resulting situation. The doctors in the City were swamped by the demand for vaccination, and when the Health Department opened an evening clinic to cater for priority cases and those referred by general practitioners, this was communicated by telepathy to some 600 citizens. Certainly without any advertising on our part a queue of classic dimensions awaited our staff at the clinic and it was interesting to see in it many of those who in the past had indicated their disbelief in the efficacy of vaccination and their contempt for those who indulged in such unnatural practices. From then on the events of the first evening were repeated and large queues attended at each vaccination session. The demand for vaccination at infant welfare clinics reached an unprecedented height and all the large firms in the City asked for a vaccination team to visit their premises.

Apart from the furore of vaccinations many contacts were investigated and placed on surveillance, while three possible cases of smallpox were examined, the Ministry of Health smallpox consultant being called in on one occasion. When the outbreak was finally controlled and the excitement had subsided a very detailed post mortem began on the various methods of control of smallpox and the merits or rather de-merits of large scale vaccination as opposed to the confining of this procedure to contacts by way of the expanding ring process. In all probability the rather indiscriminate use of vaccination during the period of crisis was not justified, at any rate from the pundit's viewpoint, although it is rather difficult to refuse this protection to people who ask for it, and who might well be considered to have some legal entitlement to this safeguard. Furthermore in a small, compact City like Worcester we very rapidly built up a large protected nucleus of population



and it is noteworthy that when eventually we encountered a first hand genuine confirmed contact of a fulminating case of smallpox, every single member of his household had been vaccinated and the only reason he had not received protection was that he was away from the City at the time.

It is always interesting to see how people behave in times of pressure. The staff of the Health Department showed the greatest enthusiasm and élan while working long hours and very often undertaking somewhat unexpected duties. The general practitioners gave us every co-operation and were always most patient, helpful and uncomplaining. It is also pertinent to say that our local newspaper did everything possible to allay the public fears and were very prompt to pass on any information which we wished to relay to the public. Finally the citizens of the town, while naturally anxious and concerned at these events, were very ready to accept advice and throughout maintained a sensible and good humoured attitude. In all, the smallpox outbreak of 1962 was rather like a battle fought in a fog in which the various forays amount to no great purpose until eventually one side finds itself through chance or good fortune victorious.

In this instance smallpox was returned discomforted to its endemic areas in the East but I cannot help feeling that in many ways the situation was very precarious and that on this particular occasion the public demand for vaccination was more a benefit than a hindrance in the control of the disease.

### Cases of Infectious Diseases notified during the year 1962, classified in age groups.

Notifiable Disease	Number of Cases Notified											
	Age Groups											
	Under 1 year	Over 1 and under 2	Over 2 and under 3	Over 3 and under 4	Over 4 and under 5	5 years—9 years	10 years—14 years	15 years—24 years	25 years—44 years	45 years—64 years	65 years and over	
Scarlet Fever	1	1	—	—	1	9	4	—	—	—	—	14
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	2
Acute Poliomyelitis (Paralytic)	—	—	—	1	—	—	—	—	—	—	—	1
Acute Poliomyelitis (Non-Paralytic)	—	—	—	33	38	194	3	1	—	—	—	—
Measles	5	21	31	—	—	—	—	—	—	—	—	326
Diphtheria	—	3	1	1	—	2	2	1	—	2	1	13
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	—
Acute Pneumonia (Primary or Influenzal)	1	—	1	—	1	3	—	5	6	15	11	43
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis (infective)	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis (post infectious)	—	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fevers	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	1	—	1	1	—	3	1	1	4	—	—	12
Tuberculosis (Respiratory)	—	—	—	—	—	2	—	4	12	9	6	34
Tuberculosis (Non-Respiratory)	—	—	—	—	—	—	—	—	1	—	—	2
Ophthalmia Neonatorum	1	—	—	—	—	—	—	1	—	—	—	1
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	20
Totals	9	25	34	36	40	213	11	21	35	26	18	468



## OTHER HEALTH DEPARTMENT SERVICES

### (a) HOUSING REPORTS.

The Medical Officer of Health acts as adviser to the Housing Committee and its officers in the allocation of points enjoined for purely medical reasons. This involves discussion with the general practitioner and consultant concerned, very often an inspection of living conditions so that the illness or defect may be viewed in the context of its environment. In view of the demand for houses in the City this is a very serious responsibility even though the ultimate decision is undertaken by the Housing Committee. During the year 94 applications were investigated and reported.

### (b) CREMATIONS.

Once again there is a rise in the number of cremations, 620 forms being scrutinised compared with 555 last year. Many of these forms were either improperly completed or the information contained therein required further verification. Certainly they impose a growing amount of work on the Department and add a somewhat melancholy timbre to our duties. To start one's week with half a dozen cremation forms on a Monday morning adds needless emphasis to one's views of the impermanence and intransience of this life.

### (c) NURSING HOMES.

There is only one private nursing home within the confines of the City and this was inspected at appropriate intervals.

### (d) EXAMINATION OF PLANS.

All plans are vetted by the Medical Officer of Health and the Chief Public Health Inspector. Though rather an obtrusive chore, this duty has much to commend it as it is naturally easier to prevent mistakes than to remedy them. During 1962, 1,174 plans were scrutinised.

### (e) NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

At the end of 1962 there were five persons and premises registered with this authority for the purpose of the daily minding of children, and one further application for approval had been received. One registered child minder cancelled her registration during the year.

(f) INTERNATIONAL CERTIFICATES.

There was a fantastic increase in the number of international certificates stamped at the Department rising from 250 last year to 2,117 in 1962. It would probably be true to say that we enjoy a rather envious and vicarious pleasure from this duty, contrasting momentarily the sun-filled orange groves that lie ahead with the rain streaming roof tops that lie outside.

(g) NATIONAL ASSISTANCE ACT, 1948—SECTION 47 AND  
NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951.

Compulsory removal to hospital or old persons home was undertaken in six instances during this year, the majority of these were old persons who had gradually deteriorated to such an extent that they no longer had the willpower or the ability to look after themselves and yet at the same time clung determinedly to their old home. It would be true to say that most of these old people are much happier when transferred to a world where there is company, good food and decent accommodation, but prior to their removal they have a natural reluctance to leave the place in which they have lived for many years and also a fear of the unknown which lies ahead. On the other hand assuming they suffer mental deterioration from senility and arteriosclerosis, that they are perhaps incapable of thinking coherently on any important topic, although the desire to remain in their customary surrounding is so deep-seated that it is almost the last rational wish to be submerged in a clouding mind. One old man who had to be removed was mentally exceedingly alert and sensible. He was, however, either not conscious of or refused to admit the fact that he was extremely ill and that his condition was too serious to permit him to stay untended at home. Even with skilled attention in hospital he did not survive more than ten days.

(h) MEDICAL EXAMINATIONS OF LOCAL AUTHORITY STAFF AND  
OTHERS.

Health Department medical staff examined 284 local authority staff for fitness to take up new appointments, 38 persons for fitness to enter training college, 12 teachers on first appointment and 10 persons on behalf of other local authorities.

(i) PET ANIMALS ACT.

Inspection of premises for registration under this Act is delegated to a veterinary surgeon who makes a yearly inspection of the two registered premises.



## MINISTRY OF HEALTH CIRCULAR 2/62

Development of Local Authority Health and Welfare Services.

### THE TEN YEAR PLAN.

The Ten Year Plan for the health services of Worcester was drawn up at the request embodied in the above Circular and is broken into two five-yearly periods comprising a forecast of cost, a priority list of buildings and detail of the increased staff necessary to maintain progressive development. The Health Committee agreed that development of services should take place to promote care of a rising population of old people and also of mentally disordered patients returning from hospital or needing community supervision where in the past hospital admission would have been preferred. They were also aware of the onus to maintain and promote the essential personal services in a town of rapidly expanding population, and in this context to review the establishment of midwives, health visitors, district nurses, home helps and other personnel.

I would stress that this plan is primarily a guide showing how anticipated needs would be met over a ten year period and must be reviewed each year in the light of current expenditure. It is, however, a useful indication of the manner in which the Health Committee hope to encompass their responsibilities in the coming years.

# CITY OF WORCESTER.

## DEVELOPMENT OF LOCAL HEALTH SERVICES.

PART I: NET REVENUE EXPENDITURE (including loan charges and capital expenditure from revenue)

Service	Estimate 1962-3	Estimate 1963-4	Estimate 1964-5	Estimate 1965-6	Estimate 1966-7	Estimate 1971-2
	£	£	£	£	£	£
Health centres ... ..	—	—	—	—	—	—
Care of mothers and young children ...	11,395	10,580	12,950	13,440	14,490	16,557
Midwifery ... ..	8,165	8,628	9,087	9,087	9,087	12,160
Health visiting ... ..	9,595	9,595	9,595	9,595	9,595	11,476
Home nursing ... ..	15,173	15,173	15,173	15,173	15,173	17,875
Vaccination and immunisation ... ..	3,900	3,900	3,900	3,900	3,900	3,900
Ambulance service ... ..	12,400	12,847	12,845	12,845	14,105	14,773
Prevention of illness, care and after-care ...	2,857	4,044	4,039	4,039	4,039	4,039
Domestic help ... ..	11,250	13,035	13,569	14,984	15,754	18,350
Mental health ... ..	15,930	17,453	18,852	18,852	20,327	28,049
Expenditure under other enactments and on general administration ... ..	11,455	11,455	11,455	11,455	11,455	13,411
Expenditure on local health services not reckonable for general grant ... ..	2,695	2,695	2,695	2,695	2,695	2,695
TOTAL LOCAL HEALTH SERVICES ...	104,815	109,405	114,160	116,065	120,620	143,285



## PART II: CAPITAL PROGRAMME

### *List of premises at 31st March, 1962.*

1.	Public Health department, Church House, The Cross ... ..	Houses health department staff, chiropody clinic, two dental clinics and welfare foods section. Satisfactory in most respects, although becoming rather overcrowded.
2.	Tything nursing institute, The Tything ...	Nurses home for midwives, district nurses, pupil midwives and student district nurses; also has duty rooms; and there is a child welfare clinic in grounds. An inconvenient building requiring replacement.
3.	Perryfields hostel, Midland Road ... ..	Rehabilitation unit for 12 persons of either sex, recovered from mental illness. Capable of expansion to deal with 20 persons.
4.	Perryfields adult training centre, Wylds Lane ...	Training centre for subnormal adults of both sexes. Now has 28 trainees, and need for expansion is imperative. May expand to 60 places at least.
5.	Perryfields child welfare clinic, Stanley Road ...	Serves a population of 8,000 to 10,000.
6.	Tything maternity and child welfare clinic, The Tything ... ..	In grounds of Tything nursing institute. Serves central area and lower Tolladine. Also venue for main ante-natal clinics and relaxation classes.
7.	Brickfields day nursery, Brickfields Road ...	For closure in 1963-4.
8.	St. John's day nursery, Powell's Row ... ..	For conversion to child welfare clinic in 1963-4.

PART II : CAPITAL PROGRAMME (continued).

73

Year	Scheme	Location and size	Need	Provisional cost	Effect on revenue expenditure Per annum
1962-3	Warndon infant welfare clinic	Cranham Drive/ Chedworth Drive, Warndon	New provision : urgently required to serve large new Council and private housing estate	£20,550 (including cost of site, £3,350)	+ £2,430
1963-4	Advanced training unit	Perryfields : 20 places	New provision: present adult training centre expected to be filled by end of 1962	£7,150	+ £965
	Brickfields/Tolladine infant welfare clinic	Gorse Hill	Replacement : will replace clinic at present held in unsatisfactory church hall	£12,000 (including cost of site, £2,000)	+ £1,540
1965-6	Claines infant welfare clinic	In north part of the city, but site not yet chosen	Replacement : to replace clinic at present held in the church hall on the periphery of the city, which is very inconvenient in position	£12,000 (including cost of site, £2,000)	+ £1,540



## PART II : CAPITAL PROGRAMME (continued).

Year	Scheme	Location and size	Need	Provisional cost	Effect on revenue expenditure Per annum
1967-72	Nursing institute	Central area : site not yet chosen	Replacement : to replace present institute situated in an inconvenient building and held only on 7-year lease. New building would be purpose built, and there would be little additional revenue expenditure, apart from debt charges	£40,000 (including cost of site, £4,000)	+ £3,125
	Hostel for subnormal adults	Perryfields : up to 20 places	New provision : to provide residential accommodation for this type of person	£37,000	+ £6,890

*Needs outstanding after 1972.*

- |  |                |
|--|----------------|
| (a) The completion of the ten-year plan should ensure that no child welfare clinics are held in unsuitable or inconvenient premises. However, it is probable that increasing pressure of population alone will necessitate the construction of two small child welfare clinics, probably at Ronkswood and on the Dines Green estate.   | REPLACEMENT.   |
| (b) Although the Worcester City and District Voluntary Ambulance Committee is responsible for the ambulance service, under an agency agreement with the City Council, well over 60 per cent of its running costs accrue to the city. Capital projects are jointly shared, on a 50 per cent basis, by the City and County Councils, viz. the ambulance station. Some expansion of the station probably will be necessitated at the end of ten years, particularly if the present expansion of the city is maintained. | IMPROVEMENT.   |
| (c) With regard to the mental health services, the following capital projects may become pressing in ten years time :  |                |
| (i) Expansion of the adult training centre, to take in more trainees and to permit greater specialisation.   | IMPROVEMENT.   |
| (ii) Adaptation of buildings to cater for mentally ill patients either awaiting discharge from hospital or still in the community who require supervision and help, but who are either too anti-social or have character defects which preclude their admission to Perryfields hostel.   | NEW PROVISION. |
| (iii) Extension of present scheme now being submitted to the Ministry for providing rehabilitation for certain appropriate mental cases within the framework of the family, viz., the building or development of flats/houses for short stay in which the mentally ill patient resides with the family, whose presence is a specific adjunct to other therapy and help.  | IMPROVEMENT.   |
| (iv) Boarding house for chronic mentally ill : intended to cater for persons for whom there is at present no suitable residential accommodation.   | NEW PROVISION. |

## PART III: STAFF.

Category of staff	Staff employed on 31st March, 1962	1962-3	1963-4	1964-5	1965-6	1966-7	1971-2
Doctors (including Medical Officer of Health)	4	4	4	4	4	4	5
Dentists	1.1	2	2	2	2	2	3
Midwives	2 teaching 1 midwife 5 pupils	3 pupils 6 pupils	4 pupils 6 pupils	4 pupils 6 pupils	4 pupils 6 pupils	4 pupils 6 pupils	5 6 pupils
Health visitors/ school nurses	11.6	12 2 students	12 2 students	12 2 students	12 2 students	12 2 students	14 2 students
Home nurses	10 (2 without training) 4 students	4 14 district nurse/ students	4 14 district nurse/ students	4 14 district nurse/ students	4 14 district nurse/ students	4 14 district nurse/ students	4 16 district nurse/ students
Day nursery staff	16	16	Closing down on 31st December, 1962.				



## PART III : STAFF (continued).

Category of staff	Staff employed on 31st March, 1962	1962-3	1963-4	1964-5	1965-6	1966-7	1971-2
Ambulance staff (number of vehicles in brackets)	10 (8)	13 (8)	14 (8)	14 (8)	14 (8)	16 (9)	17 (10)
Staff (other than domestic) in training centre for mentally subnormal	4	4	5 + 1 sessional instructor	5 + 1 sessional instructor	5 + 1 sessional instructor	6 + 1 sessional instructor	7 + 1 sessional instructor
Staff (other than domestic) in hostel for mentally subnormal	2 + psychiatric session	2 + psychiatric session	2 + psychiatric session	2 + psychiatric session	2 + psychiatric session	2 + psychiatric session	2 + psychiatric session
Home helps (including supervising staff)	29	29	31	33	36	38	45
Mental welfare officers	2	2	2 + 1 trainee	3	3	3 + 1 trainee	4

PART III : STAFF (continued).

Category of staff	Staff employed on 31st March, 1962	1962-3	1963-4	1964-5	1965-6	1966-7	1971-2
Domiciliary social or welfare workers :  (a) university or equivalent professional training			1 geriatric almoner	1 geriatric almoner	1 geriatric almoner	1 geriatric almoner	1 geriatric almoner

## SANITARY CIRCUMSTANCES OF THE AREA

Report of Mr. T. W. Marsden, M.R.S.H., M.A.P.H.I., Chief Public Health Inspector.

### COMMON LODGING HOUSES.

One common lodging house remains in the City, and as this is situated in a Clearance Area its useful life is nearly over.

### OFFENSIVE TRADES.

No serious nuisance from the offensive trades was experienced during the year.

At the end of the year the following premises were in operation:

				<i>Old Established</i>	<i>Annual License</i>	<i>Total</i>
Fellmongers	...	...	...	2	1	3
Hide and Skin dealer	...	...	...	1	—	1
Rag and Bone dealers	...	...	...	—	2	2

### DRAINAGE AND SEWERAGE.

About one hundred houses are unable to connect to the sewerage system and rely on pail closets and the use of septic tanks or cesspools.

The discharge of sewage into the sewers in the developing areas of the City is such that the capacity will have to be increased in the near future to bring them up to modern requirements.

### CLEAN AIR ACT.

During the year 8 applications to install boilers and chimney stacks in respect of industrial premises were approved.



## NOISE NUISANCE.

Complaints of noises in respect of seven premises were received necessitating several visits in each case. With the good co-operation of the owners of the factories, on the advice of your inspectors, successful remedial measures were taken with the exception of one which was reported to the Health Committee.

## FACORIES ACT, 1961.

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	33	18	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority ...	356	96	8	—
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ...	27	35	—	—
Total ...	416	149	8	—

## 2. Cases in which Defects were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness ... ..	6	6	—	—	—
Overcrowding ... ..	—	—	—	—	—
Unreasonable temperature ... ..	1	1	1	—	—
Inadequate ventilation ... ..	1	1	—	—	—
Ineffective drainage of Floors ... ..	—	—	—	—	—
Sanitary Conveniences :					
(a) insufficient ... ..	2	2	—	—	—
(b) unsuitable or defective ... ..	10	10	—	8	—
(c) not separate for sexes ... ..	1	1	—	—	—
Other offences against the Act not including offences relating to Outwork ... ..	—	—	—	—	—
Total ... ..	21	21	1	8	—

### 3. Outwork (Sections 133 and 134).

Nature of Work	Section 133			Section 134		
	No. of outworkers in August list	Cases of default in sending lists	Prosecutions for failure to supply list	Instances of work in unwholesome premises	Notices served	Prosecutions
Making etc., of apparel ...	668	—	—	—	—	—
Furniture and upholstery ...	6	—	—	—	—	—
Nails, Rivets and Staples ...	6	—	—	—	—	—
Carding, etc., of buttons, etc.	—	—	—	—	—	—
Total ...	680	—	—	—	—	—



## VISITS AND INSPECTIONS DURING THE YEAR.

Accumulations	...	...	...	...	...	...	159
Animals	...	...	...	...	...	...	128
Ashbins	...	...	...	...	...	...	5
Bakehouses	...	...	...	...	...	...	23
Cesspits	...	...	...	...	...	...	5
Closets: Water	...	...	...	...	...	...	128
Pail	...	...	...	...	...	...	16
Common Lodging Houses	...	...	...	...	...	...	8
Dairies	...	...	...	...	...	...	34
Dangerous Structures	...	...	...	...	...	...	22
Ditches and Water Courses	...	...	...	...	...	...	98
Drains: Inspections	...	...	...	...	...	...	834
Smoke Tests	...	...	...	...	...	...	30
Chemical Tests	...	...	...	...	...	...	19
Colour Tests	...	...	...	...	...	...	94
Factories: Power	...	...	...	...	...	...	96
Non-power	...	...	...	...	...	...	18
Others	...	...	...	...	...	...	35
Food: Manufacturing Premises	...	...	...	...	...	...	41
Examination	...	...	...	...	...	...	273
Shops and Warehouses	...	...	...	...	...	...	650
Vehicles	...	...	...	...	...	...	30
Hotel and Restaurant Kitchens	...	...	...	...	...	...	210
Houses: Let-in-Lodgings	...	...	...	...	...	...	95
Overcrowding	...	...	...	...	...	...	20
Vermin	...	...	...	...	...	...	48
Section 9	...	...	...	...	...	...	22
Section 17	...	...	...	...	...	...	265
Section 42	...	...	...	...	...	...	502
Public Health Act	...	...	...	...	...	...	2,613
Hairdressers	...	...	...	...	...	...	10
Ice Cream: Shops	...	...	...	...	...	...	41
Manufactories	...	...	...	...	...	...	14
Infectious Disease Visits	...	...	...	...	...	...	231
Licensed Premises	...	...	...	...	...	...	279

Markets	...	...	...	...	...	...	...	34
Miscellaneous Nuisances	...	...	...	...	...	...	...	126
Offensive Trades	...	...	...	...	...	...	...	14
Rent Act	...	...	...	...	...	...	...	35
Rodent Control	...	...	...	...	...	...	...	305
Sampling: Bacteriological	...	...	...	...	...	...	...	95
Fertilisers and Feeding Stuffs	...	...	...	...	...	...	...	20
Food and Drugs	...	...	...	...	...	...	...	54
Ice Cream	...	...	...	...	...	...	...	71
Milk	...	...	...	...	...	...	...	439
Schools	...	...	...	...	...	...	...	10
Septic Tanks	...	...	...	...	...	...	...	56
Sewers	...	...	...	...	...	...	...	57
Shops Act	...	...	...	...	...	...	...	109
Slaughterhouses: Public	...	...	...	...	...	...	...	50
Private	...	...	...	...	...	...	...	480
Smoke: Inspections	...	...	...	...	...	...	...	89
Observations	...	...	...	...	...	...	...	66
Special Visits	...	...	...	...	...	...	...	14
Tips	...	...	...	...	...	...	...	25
Van Dwellings	..	...	...	...	...	...	...	16
Water Supply	...	...	...	...	...	...	...	231
Wells	...	...	...	...	...	...	...	8
Lectures	...	...	...	...	...	...	...	11
Noise Nuisances	...	...	...	...	...	...	...	63
Squatters	...	...	...	...	...	...	...	50
Housing Survey	...	...	...	...	...	...	...	5,573

NUMBER OF NOTICES SERVED AND SUMMARY OF WORK CARRIED  
OUT DURING THE YEAR.

Number of Preliminary Notices served	...	...	...	166
Number of Verbal Notices	...	...	...	142
Number of Notice Letters Re: Housing Defects	...	...	...	21
Re: Food Hygiene	...	...	...	59
Re: Factories	...	...	...	9
Re: Miscellaneous Nuisances	...	...	...	6

## Corporation Act Notices:

Section 119 (Roofs) ... ..	16
Section 103 (Drainage) ... ..	7
Number of Notices (Statutory) served:	
Section 39 ... ..	15
Section 45 ... ..	7
Section 93 ... ..	43
Food Hygiene ... ..	2
Shops Act, Section 38 ... ..	1
Factory Act, 1961 ... ..	1
Prevention of Damage by Pest Act ... ..	1
Number of complaints received and investigated ...	492
Number of notices sent regarding infectious diseases ...	16
Keeping of Animals ... ..	1
Accumulations ... ..	7
Rats and Mice ... ..	7
Dustbins ... ..	2
Drains Cleared ... ..	76
Drains Repaired ... ..	35
Water Closets ... ..	37
W.C. Buildings ... ..	17
Water Supply ... ..	6
Paving ... ..	3
Roofs ... ..	51
Spouting ... ..	31
Chimneys ... ..	16
Dampness ... ..	30
Sinks ... ..	5
Windows ... ..	31
Floors ... ..	14
Walls, External ... ..	21
Walls, Internal ... ..	30
Ceilings ... ..	18
Staircases ... ..	9
Doors ... ..	7
Fireplaces ... ..	6



Smoke	...	...	...	...	...	...	10
Noise Nuisance	...	...	...	...	...	...	7
Overcrowding	...	...	...	...	...	...	1
Factories : Cleanliness	...	...	...	...	...	...	6
Temperature	...	...	...	...	...	...	1
Ventilation	...	...	...	...	...	...	1
Lighting	...	...	...	...	...	...	2
Sanitary Accommodation	...	...	...	...	...	...	7
Shops and Offices : Heating	...	...	...	...	...	...	1
Lighting	...	...	...	...	...	...	2
Ventilation	...	...	...	...	...	...	7
Sanitary Accommodation	...	...	...	...	...	...	18
Washing Accommodation	...	...	...	...	...	...	3
Food Hygiene Regulations : Wash-hand Basins	...	...	...	...	...	...	14
Sinks	...	...	...	...	...	...	15
Internal Structural Repairs	...	...	...	...	...	...	74
Cleansing	...	...	...	...	...	...	48
Hot and Cold Water	...	...	...	...	...	...	24
Equipment	...	...	...	...	...	...	28

#### RODENT CONTROL.

The following table summaries the work carried out by the staff of one Rodent Officer, one whole-time and one part-time operatives :—

Number of complaints received	...	...	...	...	330
Number of inspections carried out	...	...	...	...	734
Number of treatments carried out	...	...	...	...	539

These figures being as follows :—

Number of Treatments: Local Authority properties	88
Dwelling-houses ...	374
Business premises ...	77
Number of re-visits during treatments ... ..	1,786
Number of drains smoke tested ... ..	14
Number of Inspections on all types of properties with no treatment ... ..	195

These figures include visits to Hospitals, School Meal Kitchens, Clinics, Day Nurseries, Sewage Disposal Works, Tipping Grounds, Riverside, Watercourses, treatment being carried out when necessary.

Approximately 5,800 rats were exterminated according to figure formula of the Ministry of Agriculture and Fisheries Poison takes estimates.

Sewer treatment was carried out this year on mainly the centre part of the City system with good results of Poison takes.

## MILK

During 1962 one dairy and "holder process" pasteurising plant was discontinued, leaving two H.T.S.T. pasteurising and one sterilising plant in the City.

### *Bacteriological Examinations.*

<i>Type of Milk</i>	<i>Test</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Total</i>
Pasteurised Milk	Methylene Blue	81	1	82
Pasteurised Milk	Phosphatase	81	1	82
Tuberculin Tested	Methylene Blue	22	1	23
T.T. Pasteurised	Methylene Blue	72	5 Void 1	78
T.T. Pasteurised	Phosphatase	76	1 Void 1	78
Sterilised	Turbidity	23	—	23
Raw Milk for T.B. and B.Abortus	Biological	16	8 (Ring Test) 1 (Guinea Pig)	25

Eighteen samples from washed milk containers were submitted for bacteriological examination, and of these seven were reported to be satisfactory, four fairly satisfactory and seven unsatisfactory.

Twelve milk bottles were also submitted and all found to be satisfactory.

*Summary of Bacteriological Examinations.*

Milk Pasteurised	...	...	...	...	...	...	82
Milk T.T. Pasteurised	...	...	...	...	...	...	78
Milk Sterilised	...	...	...	...	...	...	23
Milk T.T. Raw	...	...	...	...	...	...	23
Milk T.T. Raw (Biological)	...	...	...	...	...	...	25
Sweets	...	...	...	...	...	...	2
Mustard Cress	...	...	...	...	...	...	1
Fruits Drinks	...	...	...	...	...	...	3
Cake Mix	...	...	...	...	...	...	2
Cream	...	...	...	...	...	...	1
Cooked Liver	...	...	...	...	...	...	1
Raw Liver	...	...	...	...	...	...	1
Fish Cakes	...	...	...	...	...	...	1
Cheese	...	...	...	...	...	...	1
Ice Cream	...	...	...	...	...	...	74
Milk Bottles	...	...	...	...	...	...	12
Milk Churns	...	...	...	...	...	...	18
Food Preparing Utensils	...	...	...	...	...	...	17
Total ...							365

*Chemical Analyses.*

Informal samples taken	...	...	...	...	...	161
Found deficient in fat	...	...	...	...	...	2
Found deficient in solids non-fat	...	...	...	...	...	14
Found deficient in fat and solids non-fat	...	...	...	...	...	Nil

Of these samples those found to be deficient in fat were found to be genuine on bulking the consignment. Those deficient in solids non-fat were genuine when submitted to the freezing test. It was not found necessary to take any formal milk samples.



## ICE CREAM

Seventy-four samples were taken for bacteriological examination.

Grade 1 ...	...	...	...	...	...	...	51
Grade 2 ...	...	...	...	...	...	...	9
Grade 3 ...	...	...	...	...	...	...	10
Grade 4 ...	...	...	...	...	...	...	4

The unsatisfactory specimens were followed up and as a result of supervision and advice satisfactory samples were later obtained.

Six samples were taken for chemical examination and were found to be well above the required standard.

At the end of the year the following registrations were in force :—

Premises registered for manufacture	...	...	...	...	2
Premises registered for storage	...	...	...	...	2
Premises registered for sale	...	...	...	...	38
Premises registered for sale in prepacked quantities	...	...	...	...	259

## FOOD PREMISES.

The following is a list of premises in the City where food is exposed for sale, or prepared for sale.

Bakers	...	...	...	...	...	...	8
Butchers	...	...	...	...	...	...	57
Cafes, restaurants, snack bars	...	...	...	...	...	...	50
Confectioners (flour)	...	...	...	...	...	...	17
Confectioners (sweets)	...	...	...	...	...	...	60
Fish and Chips	...	...	...	...	...	...	20
Fishmongers	...	...	...	...	...	...	18
Greengrocers	...	...	...	...	...	...	51

Grocers	...	...	...	...	...	...	190
Public Houses	...	...	...	...	...	...	137
Social Clubs	...	...	...	...	...	...	29
Supermarkets	...	...	...	...	...	...	9
Warehouses	...	...	...	...	...	...	19
Works Canteens and School Kitchens	...	...	...	...	...	...	39

### FOOD AND DRUGS.

#### *Informal Samples (other than milk and ice cream):*

Pork Sausage	...	...	...	...	...	...	7
Sausage	...	...	...	...	...	...	1
Sweets	...	...	...	...	...	...	1
Cake Mix	...	...	...	...	...	...	4
Demerara Sugar	...	...	...	...	...	...	1
Canned Fruit	...	...	...	...	...	...	4
Canned Meat	...	...	...	...	...	...	8
Dairy Cream	...	...	...	...	...	...	1
Canned Fish	...	...	...	...	...	...	3
Lard	...	...	...	...	...	...	1
Tea	...	...	...	...	...	...	2
Canned Chicken	...	...	...	...	...	...	1
Cake	...	...	...	...	...	...	1
Fruit Drink	...	...	...	...	...	...	1
Chocolate	...	...	...	...	...	...	2
Drugs	...	...	...	...	...	...	2

#### *Formal Samples*

Spirits (Genuine)	...	...	...	...	...	...	8
-------------------	-----	-----	-----	-----	-----	-----	---

## PROSECUTIONS.

- (1) Sale of Loaf containing lubricating oil ... Fined £10.  
 (2) Non-compliance with Statutory Notice ... Fined £5.  
 (3) Sale of Cake containing larvae ... ... Fined £10.

In addition the Health Committee issued seventeen warnings to traders for offences in connection with the sale of food.

## MEAT INSPECTION.

Weight of Meat and Offals condemned at  
 Public Slaughterhouses ... ... 14,116 lbs.

Weight of Meat and Offals condemned at  
 Private Slaughterhouses ... ... 6,723 lbs.

Total: 9 tons, 6 cwts., 5 lbs.

FOODSTUFFS (OTHER THAN BUTCHERS' MEAT AT  
SLAUGHTERHOUSES) CONDEMNED DURING THE YEAR.

Fish ... ... 449 lbs.  
 Tinned Foods (6,590 tins) ... ... 15,504 lbs.  
 Meat ... ... 1,465 lbs.  
 Miscellaneous Foods (Cereals, etc.) ... ... 1,174 lbs.

Total: 8 tons, 6 cwts.

## FERTILISERS AND FEEDING STUFFS ACT.

Four samples of fertilisers and twelve informal samples of feeding stuffs were taken, all of which were found to be genuine within the prescribed limits.



# Private Slaughterhouses

## Carcases and Offal Inspected and Condemned in whole or in part

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known) ... ..	350	239	968	5898	816	—
Number inspected ... ..	350	239	968	5898	816	—
<i>All diseases except Tuberculosis and Cysticerci</i>						
Whole carcases condemned ... ..	—	2	23	42	1	—
Carcases of which some part or organ was condemned ... ..	35	67	2	499	13	—
Percentage of the number inspected affected with disease other than tuberculosis ... ..	11.4	30.1	2.58	9.17	1.7	—
<i>Tuberculosis only</i>						
Whole carcases condemned ... ..	—	—	—	—	—	—
Carcases of which some part or organ was condemned ... ..	—	—	—	—	12	—
Percentage of the number inspected affected with tuberculosis ... ..	—	—	—	—	1.47	—
<i>Cysticercosis</i>						
Carcases of which some part or organ was condemned ... ..	5	3	—	—	—	—
Carcases submitted to treatment by refrigeration ... ..	5	3	—	—	—	—
Generalised and totally condemned ... ..	—	—	—	—	—	—

Public Slaughterhouses

Carcases and Offal Inspected and Condemned in whole or in part

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known) ... ..	3116	218	262	12256	5767	—
Number inspected ... ..	3116	218	262	12256	5767	—
<i>All diseases except Tuberculosis and Cysticerci</i>						
Whole carcases condemned ... ..	3	4	11	26	46	—
Carcases of which some part or organ was condemned ... ..	80	40	—	129	132	—
Percentage of the number inspected affected with disease other than tuberculosis ... ..	2.66	20.83	4.2	1.26	3.1	—
<i>Tuberculosis only</i>						
Whole carcases condemned ... ..	—	1	—	—	—	—
Carcases of which some part or organ was condemned ... ..	2	3	—	—	5	—
Percentage of the number inspected affected with tuberculosis ... ..	.06	1.37	—	—	.086	—
<i>Cysticercosis</i>						
Carcases of which some part or organ was condemned ... ..	8	—	—	—	—	—
Carcases submitted to treatment by refrigeration ... ..	8	—	—	—	—	—
Generalised and totally condemned ... ..	—	—	—	—	—	—

## HOUSING

### (1) SLUM CLEARANCE.

The clearance of unfit houses has followed the pattern of previous years and a total of 133 houses were represented, made up of 77 individual unfit houses and 56 in clearance areas. The Areas dealt with were

Tybridge Street No. 5=35 houses.

Tybridge Street No. 6=11 houses.

Tybridge Street No. 7=10 houses.

(20 houses were excluded from Tybridge Street No. 5 Area and later acquired by the Corporation and made the subject of Certificates of Unfitness).

225 houses were demolished under the provision of the Housing Act and 28 houses were demolished by private action.

### (2) OVERCROWDING.

The Housing Act standard for overcrowding is very low by present day thought and very few cases of legal overcrowding occur. The average number of persons per dwelling in the City is 3.09.

### (3) REHOUSING.

During the year there were built 485 houses of which 369 were built by the Council and 197 by private builders. 216 families were rehoused from unfit houses.

## RENT ACT, 1957.

### *Applications for Certificates of Disrepair.*

(1) Number of applications for Certificates ...	...	6
(2) Number of decisions to issue Certificates	...	6
(3) Number of undertakings given by landlords under Paragraph 5 of the First Schedule ...	... ..	6



(4) Number of undertakings refused by Local Authority under proviso to Paragraph 5 of the First Schedule	...	...	...	...	...	Nil
(5) Number of Certificates issued	...	...	...	...	...	Nil
(6) Number of applications by Landlords to Local Authority for cancellation of Certificates	...	...	...	...	...	2
(7) Number of Objections by tenants to cancellation of Certificates	...	...	...	...	...	1
(8) Number of Certificates cancelled by Local Authority	...	...	...	...	...	1
(9) Number of applications for Certificates as to Remedy of Defects which the Landlord has undertaken to remedy	...	...	...	...	...	
(a) By Landlord	...	...	...	...	...	1
(b) By Tenant	...	...	...	...	...	1

### HOUSING STATISTICS.

#### 1. *Inspection of Dwelling-houses during the year :*

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	...	1,716
(b) Number of inspections made for the purpose	...	...	...	...	...	3,380
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under Housing Consolidated Regulations, 1925, 1932	...	...	...	...	...	42
(b) Number of inspections made for the purpose	...	...	...	...	...	107
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	...	42

(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for habitation	124
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2. *Remedy of defects during the year without service of formal notices :*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... ..	85
--	----

3. *Action under Statutory Powers during the year :*

(a) Proceedings under Section 9, Housing Act, 1957:

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ... ..	Nil
(2) Number of dwelling-houses which were rendered fit after service of formal notices ...	Nil
(a) By owners ... ..	Nil
(b) By Local Authority in default of owner	Nil

(b) Proceedings under Public Health Act, 1936:

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... ..	39
(2) Number of dwelling-houses in which defects were remedied after service of formal notices	39
(a) By owners ... ..	39
(b) By Local Authority in default of owner	Nil

## (c) Proceedings under Sections 16, 17 and 23, 28 of the Housing Act, 1957:

(1) Number of dwelling-houses in respect of which Demolition Orders were made ... ..	32
(2) Number of dwelling-houses in respect of which Closing Orders were made ... ..	18
(3) Number of dwelling-houses demolished in pursuance of demolition orders ... ..	93
(4) Number of Demolition Orders determined ...	1
(5) Number of Closing Orders determined ...	4
(6) Number of dwellings closed on undertaking	1
(7) Number of reconditioning schemes accepted	3
(8) Number of demolition orders substituted for Closing Orders ... ..	1

## (d) Proceedings under Section 18, Housing Act, 1957:

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... ..	2
(2) Number of undertakings accepted to close houses for human habitation ... ..	Nil
(3) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ... ..	Nil
(4) Reconditioning schemes accepted in respect of dwelling-houses ... ..	1

## (e) Proceedings for demolition of unfit houses owned by Local Authority (Circular 33/56) ... .. 3



## WATER SUPPLY.

The City's water supply is all obtained from the River Severn and treated by settlement, filtration and chlorination.

The demand for water is increasing and appeals must be made to the public during summer months to exercise economy, although there is ample supply for domestic purposes. The City Council have given their approval for extensions to the Waterworks.

The average daily consumption for all purposes is 3,673,000 gallons, or 55 gallons per head of population. The quality of the water is satisfactory and has no plumbo-solvent action. There is a separate piped supply to 21,551 houses, but nearly 200 houses still draw water from taps in shared wash-houses.

Five wells are still in use in connection with business premises.

Of eight well waters, not used for domestic purposes, sampled, three of these were found to be fit for drinking.

Routine sampling of water is carried out both by the Water Department and the Public Health Department. During the year the following samples were submitted for analysis:—

	<i>Bact. Exam.</i>	<i>Chem. Exam.</i>
Raw Water ... ..	51	12
Raw Water after settlement ...	51	—
Primary filter water ... ..	51	—
Final water before Chlorination ...	51	—
Final water after Chlorination ...	51	12
Check samples from tap in Laboratory ... ..	51	—
Consumer tap samples ... ..	9	16

The following table shows the results of one series of comparative bacteriological examinations:—

Source	Date	Colony counts per ml.			B.Coli per 100 ml.
		1 day at 37° C	2 days at 37° C	3 days at 22° C	
Raw water ... ..	25/6/62	400	5500	12600	3500
Raw water after settlement ...	26/6/62	270	2650	4600	1100
Primary filter water ... ..	26/6/62	130	510	850	130
Final water before chlorination ...	27/6/62	10	17	25	Nil
Final water after chlorination ...	27/6/62	3	4	4	Nil
Laboratory tap ... ..	27/6/62	2	2	3	Nil

Ref. 62/1075

County Laboratory  
REPORT*Sample marked*

Consumer tap at 24 Fairbairn Avenue.

5th July, 1962.

*Physical Characters*

Colour	Colourless	
Odour	Slightly musty	
Deposit	None	p <sup>H</sup> 7.6

*Chemical Examination* (Results expressed in parts per million)

Total Dissolved Solids (Dried at 180° C)	...	...	...	507
Total Dissolved Solids After Ignition	...	...	...	410
Chlorine Present as Chloride	...	...	...	136
Hardness Non-Carbonate as CaCO <sub>3</sub>	...	...	...	72
„ Carbonate	„	...	...	156
„ Total	„	...	...	228
Ammoniacal Nitrogen	...	...	...	0.03
Albuminoid Nitrogen	...	...	...	0.05
Nitrate Nitrogen	...	...	...	3.7
Nitrite Nitrogen	...	...	...	0.02
Permanganate Value (4 hours at 27° C)	...	...	...	1.10
Toxic Metals	...	...	...	None detected
Iron as Fe. Total	...	...	...	
„ „ „ In Solution	...	...	...	
Detergents as Manoxol	...	...	...	
Phosphates as PO <sub>4</sub>	...	...	...	
Residual Chlorine. Total	...	...	...	Nil
Flourine	...	...	...	0.1

*Opinion* : The chemical condition of the sample is satisfactory.

Signed : M. M. LOVE,

County Analyst,

13th July, 1962.



Ref. 62/1048

**County Laboratory  
REPORT**

*Sample marked*

Pure Water Tap.

4th July, 1962.

*Physical Characters*

Colour	Colourless	
Odour	Slightly musty	
Deposit	None	p <sup>H</sup> 7.7

*Chemical Examination* (Results expressed in parts per million)

Total Dissolved Solids (Dried at 180° C)	...	...	...	535
Total Dissolved Solids After Ignition	...	...	...	425
Chlorine Present as Chloride	...	...	...	136
Hardness Non-Carbonate as CaCO <sub>3</sub>	...	...	...	80
„ Carbonate	„	...	...	148
„ Total	„	...	...	228
Ammoniacal Nitrogen	...	...	...	0.01
Albuminoid Nitrogen	...	...	...	0.04
Nitrate Nitrogen	...	...	...	3.7
Nitrite Nitrogen	...	...	...	Trace
Permanganate Value (4 hours at 27° C)	...	...	...	1.05
Toxic Metals	...	...	...	None detected
Iron as Fe. Total	...	...	...	
„ „ „ In Solution	...	...	...	
Detergents as Manoxol	...	...	...	0.01
Phosphates as PO <sub>4</sub>	...	...	...	0.50
Residual Chlorine. Total	...	...	...	Nil
Flourine	...	...	...	

*Opinion* : The chemical condition of the sample is satisfactory.

Signed : M. M. LOVE,  
County Analyst,  
13th July, 1962.

Ref. 62/1030.

County Laboratory  
REPORT

*Sample marked*

River Water

2nd July, 1962.

*Physical Characters*

Colour      Cloudy

Odour      Musty

Deposit      Slightly sandy      pH 8.3

*Chemical Examination* (Results expressed in parts per million)

Total Dissolved Solids (Dried at 180° C)	...	...	...	530
Total Dissolved Solids After Ignition	...	...	...	415
Chlorine Present as Chloride	...	...	...	146
Hardness Non-Carbonate as CaCO <sub>3</sub>	...	...	...	84
,,      Carbonate	..	..	...	148
,,      Total	..	..	...	232
Ammoniacal Nitrogen	...	...	...	0.75
Albuminoid Nitrogen	...	...	...	0.62
Nitrate Nitrogen	...	...	...	4.5
Nitrite Nitrogen	...	...	...	0.08
Permanganate Value (4 hours at 27° C)	...	...	...	2.60
Toxic Metals	...	...	...	None detected
Iron as Fe. Total	...	...	...	0.6
,,      ,,      In Solution	...	...	...	0.1
Detergents in Manoxol	...	...	...	0.41
Phosphates as PO <sub>4</sub>	...	...	...	0.64
Residual Chlorine. Total	...	...	...	
Flourine	...	...	...	

Signed: M. M. LOVE,

County Analyst,

13th July, 1962.